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An Address.[1]

PROBLEMS OF TODAY AND TOMORROW.

By L. P. WINTERBOTHAM,
President of the Queensland Branch of the British Medical Association.

THE honour of being elected to the presidency of this Branch of the British Medical Association and the responsibilities entailed are considerable, and but for the fact that there is a willing and active Council to help carry out the work, the burden would certainly be too great. The experience and wisdom of all may well be taxed by the work that lies ahead of us in the next twelve months.

The choice of a subject for a presidential address was difficult, and I finally decided to attempt to engage your interest tonight on what must attract the attention of all: "Problems of Today and Tomorrow". He would indeed be a wise man who could foretell with any accuracy what the coming year or years may bring to Australia and to the world in general. At any rate, we can thank God that the threatened invasion of this land has passed, and that the outlook for the allied nations has vastly improved.

It will be impossible to consider any problem fully, and some problems can be dealt with only briefly, in spite of their importance. Our interest must centre chiefly around their scientific aspects; but I venture to say that there are very few matters indeed wherein questions of health do not arise. As we are in measure guardians of the nation's health, we must cooperate with all sections of the community in endeavouring to improve conditions of home life, of school life and of employment generally, so that the state of "positive health", which should be the birthright of every individual, is always adequately safeguarded and maintained. I am quite sure that medical men will willingly join with the Government in any scheme it may propose in the interest of public health, provided that they are satisfied that such a scheme will be for the good of the nation.

The phrase "positive health" must appeal to everyone as a far-reaching expression which embraces matters of great national importance, and as one which concerns all from the cradle to the grave. The medical profession is or should be vitally interested in all its aspects, which include social, educational and industrial activities, pure foods and nutritional problems, housing and quarantine, medical, dental, pharmaceutical and nursing standards, and the provision of suitable hospitals (general, special and maternity), as well as what has loomed large on our horizon in Australia for some years—the provision of an efficient medical service for all. It is the present-day aspects of some of these matters that I wish to explore tonight.

Many useful schemes have already been instituted by the governments in this State in an endeavour to care for the welfare of its people. As examples, I would point to the provision of baby clinics and child welfare centres, to medical inspection of school children, to ante-natal, dental and venereal clinics, and to the erection of suitable hospitals in various centres throughout the State. I am sure that the expenditure of public moneys in such undertakings repays the community a hundredfold in dividends of health and happiness, and further, saves to the country many hours of labour that would otherwise have been lost through ill health, at the same time enabling a better standard of workmanship to be maintained.

I think you will admit that the old Latin quotation, *"tempora mutantur, et nos in illis mutamur"*, is specially applicable to our days, for during the last thirty years, many time-honoured methods of treatment have had to be discarded, many new specialties have arisen, many changes in mental outlook have occurred. Nevertheless, until we are satisfied after close scrutiny that new methods are an improvement, the old ones must be retained, for all change is not necessarily progress. On the other hand, we must be prepared to discard any old usages or systems which may have served a good purpose for the time then present, if we see that they are a bar to the development of new measures which will better promote the health of our nation.

Opposition to any change, even though obviously conveying a benefit, is inevitable; but the medical profession has always regarded service to the community as one of

[1] Read at the annual meeting of the Queensland Branch of the British Medical Association on December 10, 1943.

its ideals, and must be prepared to fight for what is right, and willing to cooperate with any group that has as its main objective the production and preservation of health. Help from all political parties would naturally expedite action; but it appears to be necessary continually to stir the public's conscience regarding these matters before the necessary reforms are executed. The Trades and Labour Council should be a body particularly interested. Doctors, too, should be more conscious of these problems, and having trained minds and being largely non-political, they should be amongst the leaders in social reforms, and they can do much to awaken the public to the urgent necessity for their introduction. The family physician especially has many opportunities of being a wise counsellor and friend, because he has the respect and confidence of his patients.

The Declining Birth Rate.

The problem I propose to deal with first is the universal, much discussed and very complicated one of the declining birth rate. I have given it priority because it concerns Queensland vitally, and many questions of health are concerned in it.

On going back over the recorded histories of previous cultures, we find that each in turn has had (especially during its decline) exactly the same difficulties to contend with—race suicide, and a coincident flow of the population towards the cities; all attempts at correction proved unavailing, and it remains to be seen whether we in our day can do better than others have done before us.

Broadly speaking, we can assume that the population a country can support is the population it can provide with gainful employment. One of the Japanese delegates to the Pan-Pacific Conference at Hawaii held within the last ten years stated that, owing to the increasing density of the population, the Japanese had three possible courses of action. The first was to lower their standard of living—that is, to make their people exist on less of the necessities of life than they then had. This, he said, was impossible, as 43% already lived below the bread-line, and each family of this 43% derived its whole means of subsistence from one and a quarter to two and a half acres of land. The second course of action was to restrict their birth rate, which he said was inconceivable, as the Japanese were children of the Sun Goddess, and such action would be regarded as treason against the divine. The third course of action was to emigrate. Hence their ventures into China and elsewhere—peaceful penetration or war-time invasions. That same pressure to emigrate must occur in any country where the population becomes too large for a reasonable standard of living to be maintained.

At present Japan has a population of 69,000,000. Queensland, with an area nearly five times as great, holds now 1,000,000 people, with an estimated optimum population of 11,000,000. This latter figure, in view of our acreage, may seem out of all proportion to that of Japan; but still more disproportionate is the disparity between the optimum population of the Commonwealth (30,000,000) and that of Brazil (900,000,000), Brazil being only slightly larger than Australia. From these figures it will be obvious that it is not only the area of a country that determines its developmental possibilities. Water is another extremely important factor, and our known average rainfall forces us to be conservative in our estimate of the capabilities of both Queensland and Australia. In fact, judged by the standards which determine such figures, Queensland comes into the third-rate class, and is already much overstocked with sheep and fully stocked with cattle, according to the calculations of our government departments. Now, although this is so, it must be conceded that we have possibilities of improving our status, limited only by what means the ingenuity of our engineers can devise to conserve and distribute the available annual rainfall. We have a large area of land, much of it excellent soil; but further development is possible only when more water is made available. When this is done, the optimum estimate of 11,000,000 can without doubt be considerably increased.

Further, reliable authorities state that efficient organization and the adoption of up-to-date methods of farming would enable our primary industries to be much more productively and profitably run than they are today, thus, firstly, relieving any bounty now paid, and secondly, providing an increase in employment, and so encouraging closer settlement and larger families.

At present, only 36% of the population is engaged in what is described as the thankless and generally comfortless job of primary production in the country; the rest flock to the cities. An active policy aimed at providing this band of primary producers with the ordinary amenities of life—with water, with electricity, with good roads and transport, and with adequate and proper varieties of food—would seem to be one of the first steps towards attracting settlers back to the land, by giving promise of an adequate return for the long hours of labour at present spent under unattractive conditions.

The standard of living in many western areas is tragic. Tin huts are utterly unfitted for the climate, fresh fruit and vegetables are often unknown, medical help was, and in places still is, almost unprocurable. Small wonder that the brave women who follow their husbands there are loath to increase their families. Let us hope that while the developmental work is proceeding (for population will always follow development, in country as well as in towns) the conditions of living of our fellow Australians, who are fighting to make homes away from the glamour of cities, will be at once made more bearable by the use of modern methods of transport and of new developments in nutrition. One can visualize large, modern transport planes being used to carry goods to and from distributing centres on a regular time-table. Here refrigeration depots could be built and take charge of perishable cargo until the consignees called for it. The new military roads throughout north Australia have brought within ready reach, and into potential cultivation, areas of land as large as the whole of the land now taken up in southern Australia. Fresh fruit, milk and vegetables, fresh meat and even fish do not seem to be beyond hope in such cases. Fresh vegetables, as you know, can be dehydrated, preferably in factories built close to the site of production, so as to retain most of their vitamin content for weeks—their weight and bulk being, of course, considerably reduced in the process. Mutton can be similarly dehydrated on the spot, and five sheep can go into a kerosene tin and be distributed at ordinary temperatures. A tropical form of butter mixture is now being made that will retain its shape and quality under trying conditions. It has a softening point of 105° F., and quite an attractive flavour. Its only defect is that in the process of manufacture both its *A* and *D* vitamin contents are impaired; but further experiments will probably overcome this deficiency. Milk is reducible to a satisfactory powder form (although the old nanny has been a godsend and will survive), dried egg powder is available, and has more in common with eggs than its colour, and it really is usable in a variety of ways.

The "Flying Doctor" Service has already been developed to reach the inaccessible and widely separated parts, and there is general agreement as to the necessity for the institution of full-time salaried (or alternatively subsidized) medical officers in localities that could not otherwise support a doctor. All these various efforts must go towards the encouragement of closer settlement, and future developments should aim to make it even more attractive, thus helping to induce the flow of population back to the country by protecting the health of people who deserve consideration in every way. Perhaps all this sounds rather like a voice crying in the wilderness; but if the wilderness can be made to blossom like the rose, our problem will be well on the way to solution.

Such planning must have a long-range view of fifteen or twenty years or more. Australia's empty spaces are at once a challenge, an opportunity and a menace if neglected. Develop and populate we must, or in a hundred years we may be but a historical memory. Such planning as has been suggested would be at least one means of encouraging an increased birth rate. If parents have some incentive to work for, some worthwhile goal to reach for their families, they will be much more willing to produce children to share their fortunes. Let me add here that Germany and Italy, who alone in Europe showed an increased birth rate, appear to have achieved this object by inculcating into their children, both at home

and at school, the honour and privilege that devolved upon them of carrying on the nation for the years to come. This is an example that we should follow, for we cannot allow that Germans have any greater love for their country than we have for ours.

The proper education of our youth, then, holds one key to the situation. This requires that their teachers shall be such as are able to command and inspire respect, and therefore must be chosen with the greatest care and paid adequate salaries. They have to implant into our youth a high standard of thinking and living, and imbue them with an intense national spirit, so that they place first always the progress and safety of the race—surely a counsel of perfection!

The question may be asked as to what will happen when our population density reaches the saturation point. This seems to be a far-distant problem, and may well be left to those who then possess the land; but it is one that has to be faced today by those nations whose land is no longer able to support on a decent standard of living the people within their borders. At present, let us take warning and develop and fill our vacant spaces, whether by home production or by encouraging the settlement of immigrants of good stock. Let the words "populate or perish" be a warning signal to us all.

Nutrition.

Let me preface my remarks on a few of the problems of nutrition by paying tribute to the work of the Queensland Nutrition Council, which was born in 1936 and fathered by the Commonwealth Advisory Council on Nutrition, and has been a vigorous baby. It has planned well the best methods of introducing the necessary dietary reforms into the family's daily menu, and people are being instructed daily by interesting talks on health broadcast over the air, and sometimes reprinted in the Press, which is usually willing to cooperate in what the public wants to read. Children are getting some measure of nutritional knowledge at school, although I think this avenue of instruction might be used more fully to greater advantage, as parents will generally take notice of any new ideas their children bring home. No matter what method is most favoured, we must remember always that according to our present educational facilities, at least 46% of the public never go beyond the mentality of a child of thirteen, and must be catered for accordingly. The Nutrition Council has also stressed the importance of environment on health; it has remarked on the inadequacy of the economic provisions to enable the population to purchase optimum diets, and has recommended the provision of refrigeration plants at chosen spots in the interior of Queensland. It is to be hoped that its efforts will be continued till they are crowned with success.

As you know, the science of nutrition has earned a definite place in the province of preventive medicine, and its data have been well established by scientific investigation. As its discoveries closely concern the whole community, and must be of special importance for years to come both in Australia and in Europe, it behoves us to persist with our endeavours to have them generally adopted as speedily as possible.

It does seem an anomaly that it is usually only after widespread distress or disaster that the relevant causes of their occurrence are rectified. Many deaths and much invalidity had to occur in Queensland over a number of years before the use of lead in paint was prohibited in places which were accessible to children.

Why should it have needed a serious situation to induce the authorities in England to impose the use of a standard formula for bread on the nation—an action which resulted in improved health throughout that country? England's example has now been followed in our armed forces; but why not do the same for the whole civilian population as well?

In England today, milk is supplied daily to school children at less than cost; it is given to the needy free of cost; and expectant mothers and nursing mothers can procure it at half-price. It is worthy of note that Sir John Boyd Orr, one of the world's leading nutrition experts, has made the following statement:

> Greater consumption of milk, oatmeal and wholemeal instead of white bread, are the chief reasons for the better physique and health of Britain's wartime school children. There must be no going back to previous conditions. Communal restaurants, factory canteens and school feeding have come to stay.

The question of the pasteurization of milk has been much discussed lately; as we all know, it is beyond all controversy the only practicable method at present known for rendering the distribution of milk safe. It must be performed under strict supervision, and the milk so processed must be fresh and produced under reasonably clean conditions, as it is supposed to be now. Whilst theoretically the eradication of tuberculosis in cattle would be the happiest solution, this is not the most practicable one, for it would take a generation to free herds of tuberculosis, and this process should involve the expenditure of a considerable sum of money by way of compensation. The present policy of the Queensland Government is to pay no compensation to the owner for any beast destroyed. The animal that gives a positive reaction to tuberculin is killed at the abattoirs, and if any part of the carcass is usable, the owner, if he is lucky, may receive about £2 out of the deal. As the submission to the test is voluntary, and as I am assured by dairy farmers that many beasts that react to the tuberculin test look well and fat and give a good supply of milk, one can understand the general reluctance to have herds tested. Old arrested lesions, or lesions in parts that cannot infect the milk, are just as likely to produce a positive reaction as they would be in a human being. This policy seems to be one that will produce little of the desired result. As the community benefits, it appears only just that it should be prepared to pay reasonably for its protection by way of compensation, even if this were continued only for a limited period of, say, five years. America, for a campaign lasting twenty-two years, which reduced the "tuberculin-positive" rate in herds from 4% to 0·5%, spent £65,000,000. But even were this done, there would be no guarantee that persons handling milk did not carry disease germs and might themselves infect the product, whereas exposure of milk to a temperature of 160° F. for twelve seconds kills all tubercle bacilli.

It may interest members to know that the latest method of pasteurizing milk is not by heat at all, but by exposure to ultra-violet rays. This process is at present being worked out in England and America. The subject of pasteurization is a live one, and public interest in it has been largely aroused in Brisbane. It would appear that matters concerning it were brought to a head in Victoria by the recent milk-borne outbreak of typhoid fever in the Cheltenham district, which cost 24 lives and much suffering and expense. In introducing a bill to make pasteurization and bottling of all milk consumed in the metropolis compulsory, the Minister for Agriculture, the Honourable V. A. Martin, provided in an excellent speech which covers the whole question, unanswerable evidence to prove the absolute necessity for its enforcement. From his summary let me give a few pertinent extracts: "The view of the Government is that while compulsory pasteurization is necessary to protect the public from milk-borne diseases, it cannot be regarded as a cure-all, nor can it replace hygiene and sanitation on dairy farms or dairies. Neither does it make less urgent the necessity of ensuring that only healthy animals are used for the production of milk for consumption in the metropolis . . . a representative deputation from the medical profession waited on the Premier in May last. . . . Compensation in respect of animals condemned for slaughter, because of their reaction to the tuberculin test, will be paid to dairy farmers."

As our own Queensland Departments of Health and Home Affairs and also the Department of Agriculture strongly advocate its adoption—in the face of all the evidence available who could help doing so?—I would suggest that the medical profession in Queensland should again declare itself in favour of pasteurization, and request an interview with the Premier, in order to bring the matter under his notice. I know that the Mater Misericordiæ Hospitals all use pasteurized milk, and have installed refrigerators wherever necessary for its storage. It is to be regretted

that the Brisbane and Children's Hospitals and State Children's Home have not yet followed the health department's advice in this respect, nor provided adequate cold storage. I wonder if we shall have to wait for a catastrophe such as occurred in Victoria before anything definite is done here!

Incorrect or insufficient diet lowers vitality and opens the way to disease. Kut El Amara in the last Great War and Bataan in this might not have fallen had their food supplies been adequate. Therefore the needs of the fighting section of our forces must have preference; but we must not forget nor ignore the requirements of pregnancy, lactation and childhood. Gradually, correctly balanced rations for regular needs and special rations for use in the tropics have replaced the unscientific diet previously provided throughout the armed forces. May those efforts be carried over into civil life once the war is over and meet with continued success.

This direct relationship between food and health Sir John Boyd Orr has proved; he cites, for example, the secondary anæmia found amongst the more poorly paid members of the community in Aberdeen (especially in women of the child-bearing age). This condition at once improves when the wages are increased, the reason being that fruit and vegetables and a better grade of meat can then be purchased, and thus the deficiency of iron, phosphorus and vitamins in their former restricted menus is eliminated.

What a boon it would be to "the man on the land", what a saving of heartache, what a gain to general efficiency, if he would make use of the expert advice available, as to when and where and what crop or kind of fruit he should plant to get the best results! This help, as well as tested seed and first-class trees, is already procurable through the agricultural department, and suitable machinery is normally available. But we have not as yet an assured economic market. This last is a major problem and bristles with difficulties.

These facilities, if properly used, would mean that the price of vegetables and fruit would come within the reach of all pockets at all seasons, to the great benefit of the health of the nation. This, too, is being aimed at in England today. All essential foods should be cheap and available to all. It is cheaper to feed people well than to attempt to undo the results of bad feeding.

It should be clearly noted that in the determination of the basic wage the minimum food requirement only is taken into consideration, whereas it should be the optimum requirement which should determine the nutritional standard. The optimum diet scale is one to which nothing can be usefully added, and if it were adopted, suitable safeguards would have to be developed in order to ensure the correct avenue of expenditure.

Industrial Conditions.

So much, then, for the way in which some of our primary industries might engage our attention. What of our secondary ones? We have long realized that the health and well-being of workers bear a relationship to the conditions in which they work. The public and the legislature are gradually becoming aware of the importance of this relationship, and it is our plain duty to lead and mould public opinion along the right lines. Industrial medicine, which in this State is not so well advanced as it is in Victoria and New South Wales, will undoubtedly take an increasingly important part in our legislation.

In view of the rapid industrialization now occurring here, the responsible authorities must expedite steps to control any conditions in industry that may cause ill effects on health. There is abundant provision in Section 61 of the *Queensland Health Act* to enable this to be done. The store of knowledge which has been accumulated in various parts of the world, with regard to both environment (which includes ventilation, heating and lighting) and working conditions (which include speeds, intensities, rest and work periods), has unfortunately been little applied in Queensland, with the result that many physical and mental disabilities still remain uncorrected. Inquiry as to the work and factory surroundings of a patient will often give the key to his physical and nervous condition. Surely this important branch of preventive medicine which aims at preserving "positive health" should be actively developed.

In England there has recently been founded an Industrial Health Research Board of thirteen members, eight out of which hold medical degrees. Its duties are: To advise and assist the Medical Research Council (of which it is an offshoot) in promoting scientific investigations into problems of health among workers, including occupational and environmental factors in the causation of ill health and disease, and the relations of methods and conditions of work to the functions and efficiency of body and mind, and in making known such results of these researches as are capable of useful application to practical needs. Its publications are numerous and its influence great. This would be rather a pretentious example for us to follow; but is it possible for us to move in a similar direction? You will agree, I am sure, that the British Medical Association should be a live force—one which endeavours to put into action what it considers would be progressive moves, and the medical profession can do much to educate the employer and employee regarding industrial health.

We have among us members who have the enthusiasm and the requisite knowledge to give expert advice regarding practically every problem in which questions of health may be raised. Why not open the problems, enlist the help of these men, and entrust the whole matter to them? Our share would be not to damn with faint help, but to give as much energetic support as we can devise.

My feelings are that the medical profession, in Queensland at any rate, has lost the initiative in matters that pertain to public health, and is allowing other bodies, whose qualifications for the work are not so obvious, to take up the cudgels on behalf of the community. Surely these matters are worth striving for, and surely we should maintain our interest in whatever we take up until the fight is won. This necessitates a continuity of effort by committees which should from the start consist of men picked because they were the right ones for the job. If we feel that our Association unassisted does not carry sufficient weight to handle any problem successfully, then let us seek the extra help from those who stand chiefly to gain by whatever is done, whether such help be from the Employers' Federation, the Trades and Labour Council, or the legislature through Ministers of the Crown. The greatest good will be most expeditiously accomplished by mutual and efficient organization and continued effort. A joint committee of investigation or a round-table conference accomplishes much more by an exchange of points of view than any effort of an individual body. The personnel of such committees should be men who were prepared to take purposeful action, and who were willing to pursue their object to a successful issue, remembering always that a little leaven will leaven the whole lump. It is so obviously to the advantage of both worker and employer that the protection of the health of the former should be given priority rank, that one wonders that this has not always been done.

Health Services.

I do not propose to discuss tonight the much debated problem of national health insurance; but as both parties in the Federal Government are committed to some form of activity in this field, there are some relevant points in the recently issued Report of the Parliamentary Joint Committee on Social Security that I think will bear emphasis and repetition, because while they are familiar to the members of the Branch Council, others may have missed their import.

I am sure all who read the report were pleased to note that the committee was able to record the fact that good feeling had been established between its members and the medical men interviewed. It is to be hoped that this will be the keynote struck at any future conferences, for no good work will ever be accomplished in an atmosphere of suspicion and distrust. Let us hope that the men chosen to conduct such negotiations on behalf of the Government will command the trust and confidence and respect of our representatives.

Firstly, then, they stress the need for a complete cooperation between the Commonwealth and the States, the medical profession and the general public, even down to mutual agreement upon details, before any scheme can be successfully introduced. The report goes on to state that the members of this committee feel that substantial reorganization of and improvement in health service are necessary, and they particularly direct well-merited criticism at the state of the out-patient systems at public hospitals, and at the tragic lack of facilities for accommodation and treatment of tuberculosis patients in sanatoria, and of mental cases in their special hospitals. Proprietary medicines come in for strong comment, with a recommendation that all valueless ones should be put off the market. I think we would all willingly condemn to a similar fate all fancy proprietary foods, especially such as have their vitamin or mineral content impaired; many of them are uneconomical to buy, yet lavishly advertised, and are a menace to the health of the community. All advertisements of proprietary or patent foods and medicines should be rigidly censored. The committee finishes by strongly advocating a full-time salaried service as its long-range objective for Australia, with the immediate development of a voluntary full-time service for remote areas. With regard to the administration of any proposed scheme, the committee reports that practically all the witnesses showed strong objection to its control by any government department. A commission is suggested as the most satisfactory alternative. Nominally such a body is responsible to Parliament alone; but experience shows that many such commissions are as much open to ministerial interference as a commission under ordinary departmental control. Particular care would have to be taken to prevent interference of any sort on party political lines.

It will be remembered that the Federal Council has given its approval to the principle of group practice, also advocated by this committee, which makes the pertinent comment that there has been an exceptionally poor voluntary response towards the organization of any such group; the committee at the same time recognizes that there is a big handicap in the heavy initial costs involved. Wartime conditions, too, may have caused some delay in this development.

These are some brief extracts from what is on the whole a sound report. Suppose, on the strength of it, the Commonwealth Government asked us for a definite evolutionary scheme based on the British Medical Association principles. Have we got one? Could we quickly evolve one? The question might well arise and soon. That is our problem.

Housing.

Time will not permit of more than a brief survey of a number of other important problems; but that of housing deserves special mention. As with our inherited and unsuitable custom of a hot dinner with hot plum pudding on Christmas day, so do we seem to be repeating in the better class of houses recently built in Brisbane a rather slavish duplication of designs suitable chiefly for temperate or colder climates. Attractive they may look; but for subtropical and summer conditions, coolness and shade should be main considerations in house-planning.

However, this is not the housing problem I had in mind, but rather that of the provision of comfortable and adequate homes for people on a basic wage—people who cannot afford to build homes for themselves. This subject must be a live one in the reconstruction of post-war Europe, where the question of demolition has been solved in a tragic way; but you will probably be surprised to learn that in Sydney there are at least 30,000 substandard houses that should be demolished, and in Melbourne 6,000 out of 7,000 houses inspected were unfit for human habitation. The Board of Inquiry recorded its horror and amazement at the deplorable conditions under which people had to live.

After extensive investigation, it has been proved that the problem cannot be solved by private enterprise, for the man on the low income, for whom the houses are wanted, is unable to finance any standard housing scheme on the ordinary basis of private profit. Accepting this finding, the municipality and the State in Sweden, which is most progressive in this respect, set out to solve the problem somewhat as follows. Various remedies were tried in the effort to eradicate slum areas—those breeders of crime, disease and social decay—but it was not till the active interest of the group deriving benefit from the improved housing was gained that any real progress was made. Now, by means of a live programme of cooperative schemes, largely sponsored by the State, 65,000 residents of Stockholm live in 78 of these cooperative apartment houses, designed for light, air, convenience and privacy. Nurseries are provided, with trained nursery school attendants in charge, and ample play equipment is available. Babies, too, may be left while parents go out. Prefabricated houses, the so-called "magic houses", are also procurable, and are sold on the basis of the cost of the materials, and assembled with the labour of the purchaser and his family, skilled help being provided when required. The demand for these houses much exceeds the supply available, and there is a long waiting list of applicants, preference being given firstly to families with children. In all its schemes, the Government has in view the encouragement of larger families, as the Swedish birth rate is amongst the lowest in the world. The claims of those workers whose jobs keep them indoors, and also of those whose income is from £200 to £320 per year, rank high in priority. From the nature of the contract, older and infirm people are eliminated. Every modern convenience is included in the standard plan.

The foregoing is a necessarily brief summary of the apparently successful method by which the housing problem has been dealt with in Sweden.

South Australia in 1917 was the first of the Australian States to deal with the problem of town planning, and it has since then revised and improved its first act on several occasions, the latest being in 1940. Victoria began a vigorous campaign in 1937, and in 1938 passed a *Slum Reclamation and Housing Act*. Adelaide has no slums.

The Commonwealth is already 250,000 houses short (Queensland's share is 20,000), and to catch up at least 1,000 houses per week will be needed for the next ten years. The Commonwealth is at present conducting a survey of the whole question, and the National Health and Medical Research Council is dealing with the matter.

The war has considerably delayed any energetic action, as houses can be built only as labour and materials are available; but it is obviously a task of considerable magnitude, and plans will take at least two years to formulate. Now is the time to make a start. So far as I am aware, no survey of substandard houses has been made in Queensland, and this fact should give our Housing Committee an excellent chance to come out into the open.

It may be asked: What has this problem to do with us? An enormous amount. All measures that will institute and maintain that essential state of "positive health" demand our strong support. It is of no use to provide for an increased birth rate unless we are prepared to safeguard the offspring. What do we find in regard to those who live in substandard homes? Twice the usual number of deaths among infants under twelve months of age; three times as many cases of infectious disease; four times as many cases of infantile paralysis in the recent epidemic in Melbourne; five times as many cases of juvenile crime.

What is the reason for slums? Poverty; we are 250,000 houses short, owing to the comparative poverty of the majority of 250,000 families! Private enterprise naturally asks for a profit on the capital outlay. These people cannot pay it; 8s. per week is the maximum reasonable rent many of them can afford. Therefore, as much as or even more than education, health, hospitals and police protection, the solution of this problem demands an immediate social service planned by the State, and unless earnings are increased it cannot be self-supporting.

How have the families in Victoria responded? Satisfactorily in 98% of the cases, and the choice in every case has been a cottage in preference to flats.

Nothing can or should stop the tremendous tides of social change that are sweeping over the whole wide world. Intelligent planning to direct those tides into constructive channels will save us from revolution and chaos. Further, such an immense housing programme would provide a productive asset to the nation, and employment (directly or indirectly) for at least 25% of the labour that will be released from wartime activities. For the rural worker we need suitable houses at a rent within his capacity to pay, and furnished as far as possible with all those services considered essential in a city. For the city dweller, we must arrange for more fields, more trees, more open sky, more gardens, as well as more playing fields and open spaces. To accomplish all this we need men of wide vision, who love their country and who have forcefulness of character and honesty of purpose. Where are they?

The solution of every problem is largely affected by the economic outlook. Those that have been discussed form no exception. I think you will agree that if parents could feel assured that the rearing of a large family was within their financial range, that the future was reasonably sure, that some decent avenues of employment were open when the children grew up, and that some measure of domestic help was available when badly needed, then the national concern about a decreasing birth rate might be reversed. Further, adequate financial provision should be made to enable people on a basic wage to purchase an optimum diet—the beneficial result to the nation would more than justify the outlay involved. So, too, for housing; if the census of 1933 can be relied on, 50% of the married male breadwinners of the Commonwealth received as wages less than £3 a week. Imagine trying to build a house on this income! And what sort of a house could be rented for the amount that could be spared for that purpose? Fruit would indeed be a luxury, and an adequate supply of milk and meat quite beyond reach, especially if the family contained two or more children. The hardships are obvious, and there is only one solution that will enable the necessary adjustment to be self-supporting.

Other General Questions.

Another of the customs which our forebears brought with them from overseas and imposed on us was the traditional starched collar and sac suits and other impedimenta worn during the hot summer months. The shorts and shirts with which our fighting forces are now issued may bring a realization of the greater suitability of such garments for tropical heat, and make easier the task of the dress reform league. Moreover, the large outlay of cash and of ration coupons now required for a suit may turn the public's eyes towards the more economical shirt waists recommended by this committee.

The movement for liquor reform also deserves every medical man's strong support. Its aims are moderate, practical and logical, and if they reach the objective sought, will bring a lasting benefit to the community. I think the method followed in tackling this problem, which is a thorny one, would form a useful model for dealing with similar reform problems.

The reduction of time and space by modern methods of transport and the wholesale transference of our young adult males to areas infested with malaria and other tropical diseases must greatly increase the risk that such diseases may become endemic. Cases of malaria have already occurred among civilians here. The authorities are necessarily aware of this risk; but whether they will be able to have suitable protective measures enforced remains to be seen. This provides an opportunity of emphasizing that the British Medical Association has always been actively interested in public health questions and has urged many reforms years before they have received adequate attention. Practically all the problems I have mentioned tonight have already been discussed and solutions suggested. In support of this, let me quote the dates on which the problems were brought under notice of the authorities of this State. In 1920 the question of the settlement of the tropics with white people was thoroughly investigated. In 1924 a pure milk supply for the metropolitan area was discussed. In 1933 the question of adequate control of tuberculosis was again reopened, the first move in this direction having been inaugurated here in Brisbane in 1902. In 1927 a recommendation was made for the appointment of an advisory council on industrial welfare. In 1936 the work of the Queensland Branch of the Nutrition Research Council was commenced. The Commonwealth deserves considerable praise for having developed these researches into nutrition, and for having awakened in the League of Nations active interest in the matter through the advocacy of Mr. S. M. Bruce. The first report of the Commonwealth Advisory Council on Nutrition was published in 1936, the last in 1938.

Unfortunately the solution of nearly all these problems is still incomplete, and where progress has been made, this has been done without full assistance from the authorities. Economy can never be urged as an excuse for neglect of health, for it is obvious that from the point of view of money alone, the amount spent as a result of failure to introduce the necessary reforms, greatly exceeds the amount required for their promotion.

Gentlemen, if all our problems meet with the solution we desire, and if preventive medicine develops so as to fulfil all its hopes, the day will have come when medicine as we now know it will have vanished, and national health insurance will be merely a curiosity. I wonder!

Medical Certification.

To turn from the problems that affect the community as a whole, to those that are the particular concern of our members, your Council at the request of the Chamber of Manufactures endeavoured to place on a satisfactory basis medical certification generally (including that dealing with the release of employees from protected undertakings), and to retain the confidence that should be and has been placed in such certificates. May I suggest that the wording of certificates is often not clear, especially for employers who are not conversant with medical terms, so that it would appear that they have at times good grounds for calling in question what are in fact quite sound certificates.

One of our problems today is the patient who seeks to obtain a medical certificate on the flimsiest pretext. We have all met the man who wants to claim a week's sick leave merely because his award entitles him to it. Here the duty of the profession is clear.

As you know, an employer who is not satisfied with the validity of a certificate can refer the question to the Medical Board for its consideration. The Council hopes that the steps it has taken will preserve all genuine certification from such a fate.

Return to Civil Life of Medical Men on Active Service.

Another major problem is going to arise in all parts of the community when our disturbed social system returns to a peace-time footing. So far as we are concerned, it would seem that the situation would best be eased by releasing general practitioners first from military duties, especially those who were taken away from busy practices. Such men carry by far the greatest burden of medical work.

The Council will use its best endeavours to persuade members as they are released from duty not to settle down in the areas vacated by their brother medical men who have also been called up for military work, until such officers return to look after their own affairs. The Council will have to rely considerably on the loyalty these members have towards each other; if this is weak, the task will be difficult, and may be impossible.

Endeavours are being made to arrange for all who so desire to receive as much post-graduate and hospital experience as possible immediately before and after their discharge. This becomes increasingly important as the number of medical officers who have had no experience of private practice gradually increases. It would be wise for all who are away to write to the Deputy Director of the Medical Coordination Committee in Brisbane, or to the Secretary of the British Medical Association, and state their wishes now.

Manpower Problems.

The year has indeed been a strenuous one in many ways, and the depleted civilian medical service deserves every credit for the way in which it has dealt with the stress of work. Outshining their performance, though, has been that of the nursing staffs of private hospitals, who deserve all the praise that can be given to them for the splendid way in which they have managed to carry on in the face of most trying circumstances. In spite of the utmost efforts, the manpower authorities have given them the poorest measure of help, or no help at all—they simply appeared not interested. It would appear that restaurants and hotel staffs have a much higher priority than private hospitals. This is a problem that we have not been able to solve.

The great disparity in wages given for different kinds of unskilled work offers one probable explanation of the difficulty in obtaining the domestic help required. Truly there will have to be a levelling up to make the wheels of the social machine run smoothly.

The Salaries of Junior Resident Medical Officers.

The problem of the adequate salary due to the junior resident medical staff of hospitals was raised during the year, and your Council's support was sought when an application for an increase in their wages was made by the junior staff at the Brisbane Hospital. Under a recent State award, staff sisters whose hours of work per week do not exceed 44, receive £175 *per annum*; dentists in the first year after they are qualified are paid a sum amounting usually to well over £400; the award rate for chemists is over £300; whereas the resident medical officers were paid about £170 per year for a week of 56 hours or more. Obviously, then, their request for an increase to £250 was more than justified. However, the Hospital Board, after consideration, granted an increase to £200 only. The question is still an open one.

Medico-Political Problems.

Quite recently one of the senior government medical officers stated frankly that when they had any question to be settled, they received a much better hearing if they sought the help of the Professional Officers' Union than if they had made an approach through the British Medical Association. This is a matter of grave importance, and raises the question as to whether the time has arrived for medical men to take action to form a union for themselves. The British Medical Association, as at present constituted, is precluded from doing so, and only an alteration of its constitution would make this possible. An alternative solution would be to form an Australian Medical Association on lines similar to the Canadian or South African associations. If this method is adopted, we must endeavour to prevent its affecting in any way our loyalty to the old Association. Some form of scientific and controlling body is indispensable to the whole of the medical profession, whose members for the most part quite fail to realize the importance and amount of work performed on their behalf.

I believe that most of our members in Australia consider that we should now be quite free to form our own policy and to make our own decisions, for while they acknowledge and are thankful for the tremendous help that has been received from the Motherland, still they feel that we have reached the stage when we can look after ourselves, and should be able to relieve her of the responsibility of still fully caring for her offspring. Yet I believe that they would regret any break away from the British Medical Association, for if two medical associations did exist side by side in Australia, I fear that one must inevitably increase at the expense of the other. Surely it is possible to arrange for complete autonomy to be granted to the Australian Branch.

The financial aspect of any projected moves requires careful consideration, and I am sure that the annual subscription now paid would prove to be much smaller than the dues that would be levied if a medical union were formed.

There are some problems facing us, too, regarding the Federal Council and its status. Its present constitution does not permit of its making any agreement that will be binding on the Branches nor on the individual members of the British Medical Association. As it is the only body with which the Federal Government can negotiate on questions that concern the whole medical profession, this defect naturally renders its activities inconclusive. Your Council suggests that this anomalous position should be terminated, and that while we should retain in the State Council complete freedom to manage our domestic affairs, the Federal Council should be given similar power with regard to Federal questions. It would then be our responsibility to see that the members who represented us on the Federal Council were fully aware of, and gave full voice to, the wishes of the majority of medical men in each State.

If this alteration in the Federal Council is brought about, Victoria and New South Wales are bound to ask for proportionate representation on it. This sounds a reasonable request, but it does not always work out properly, as we can see in the political field. We shall have to think seriously before we commit ourselves into southern hands.

The final problem I shall mention is as to how we are to promote a better understanding of each State's individual difficulties by the whole Federal Council. It was suggested that this could be done if one or preferably two of the senior members of the Council toured the Commonwealth once or twice a year. But the financial and other difficulties involved were considered to be insuperable, and instead it was decided to appoint a full-time secretary, part of whose duty it will be to make himself conversant at first hand with the varying conditions affecting medical men in each State; obviously considerable benefit will accrue.

Conclusion.

Gentlemen, an understanding of the needs of our fellow men, and a knowledge of the disabilities under which they live, must arouse in us keen sympathy on behalf of themselves, their hopes and their desires. "Where there is no vision the people perish." But sympathy is not enough. These wrongs must be corrected. Action to initiate this correction should have first call amongst other schemes which are also of national importance. Its accomplishment calls for sound organization of the various bodies concerned, together with a firm determination that they will not slacken in their efforts till the desired result has been attained. The spirit that animates that body is more essential than the actual numbers forming it. This applies to times of peace even more than to times of war—to matters that concern the British Empire, the Commonwealth of Australia, the State, and ourselves. It applies to those problems of today and tomorrow which we have discussed tonight, to measures we must take to increase our population, correct insufficient and faulty nutrition and replace defective houses.

Unity of purpose is essential. This unity must all strive to attain, whether as members of the British Commonwealth of Nations, or as members of the Commonwealth of Australia, or speaking narrowly, as members of our own profession. Taking this last aspect, may I firstly appeal to those who are not yet members of this Association, but who inevitably profit by the position of trust and leadership which the work of many generations has earned for the British Medical Association, and secondly, to all members of our profession who, together with the whole community, have happened on perilous times—that we should combine to form a virile and useful organization, which will be ready and able to play a worthy part in the momentous days ahead. For now, if never before, do we need to have one mind in the one body.

I cannot better conclude than by quoting this well-known verse from Kipling's "Law of the Jungle", which emphasizes so well this call to unity:

Now this is the Law of the Jungle as old and as true as the sky,
And the Wolf that shall keep it may prosper, but the Wolf that shall break it must die—
As the creeper that girdles the tree trunk, the Law runneth forward and back,
For the strength of the Pack is the Wolf, and the strength of the Wolf is the Pack.

Reviews.

APPLIED PHYSIOLOGY.

IN the preface to the third edition of "The Physiological Basis of Medical Practice" by Best and Taylor, the authors state that "it has been found necessary to make innumerable alterations, additions and deletions throughout this book in an attempt to bring it up to date".[1] It is impossible to refer to all these alterations, many of which are of outstanding importance.

In the chapter devoted to transfusion, the discovery of the Rh factory by Landsteiner and Wiener and the subsequent application of this discovery to practical medicine are briefly considered. In another section the effect of acceleration upon the circulation is presented. "A pilot pulling out of a power dive, that is, changing direction at high velocity to a horizontal and upward direction, has his head directed inward toward the centre of rotation, and is, therefore, subjected to a positive centrifugal acceleration. If the force amounts to 5 or 6 G or more, 'blackout' results. That is, the blood, due to its inertia, is 'forced' into the lower part of the body." Further interesting details are given concerning this important subject.

A consideration of burn shock and its treatment is a useful addition to chapter XXVII. In the same chapter a summary of the "crush syndrome" will be found. In this condition, myoglobin is liberated from the damaged muscles and is excreted by the kidneys where it may be liberated in the tubules as myohæmatin and induce renal failure.

The vitamin *B* complex is discussed in greater detail than in the previous editions. Pyridoxin, biotin and pantothenic acid receive consideration. Many other alterations have been made in the text, but sufficient has been stated to indicate that the additions to this work are of fundamental and practical interest.

The volume is an excellent contribution to physiological literature and can be thoroughly recommended to the medical practitioner who wishes to be kept abreast of physiological advances.

FRACTURES AND JOINT INJURIES.

WE had high praise for the first edition of Watson-Jones's "Fractures and Other Bone and Joint Injuries". We had the same to say for the second edition with its additions and improvements. The first two editions were in single volumes. Now comes the first volume (containing 407 pages) of a two-volume third edition only about two years after the second, and we have to add praise again.[2] There are new sections on many subjects, principally founded on war experience, and there are many more illustrations. Among the illustrations are some beautiful reproductions of colour photographs of war injuries. These are of supreme excellence, surpassing anything of the kind that we have seen. In our review of the first edition we remarked on the absence of any account of fat necrosis or of hydatid disease of bone. The first omission was remedied in the second edition, but we had still to regret the omission of hydatid disease, and we referred the author to Dew's book. Now at last we find that Dew's book has been consulted, and a very satisfactory page and a half on hydatid disease of bone is the result. But there are many other important additions, and we find them in many places. The problems and treatment of open and infected fractures are discussed anew, and copiously and beautifully illustrated, as in no other book yet published. The chapter on vascular injuries contains another group of beautiful coloured illustrations, and contains revised or additional sections on Volkmann's contracture, immersion foot, and crush syndrome that embody the most recent thought and methods of treatment or prevention.

The experienced surgeon will perhaps have his own ideas about some of the matters discussed. But he must not remain static. There is never a last word either in his own mind or in this or any book. But in this book there is always food for thought, and there are ideas for consideration, for trial, or for adoption. We shall look for the second volume of this edition with high expectations and much confidence. It is at present certainly the best book on the subject in the English language.

"TRANSURETHRAL PROSTATECTOMY."

ALTHOUGH well over a decade has elapsed since transurethral resection of the obstructing prostate under vision began to be adopted as an alternative to open prostatectomy, it is safe to say that few practitioners have an accurate appreciation either of the meticulous technique which the operation demands for its adequate performance or of the anatomical and functional results that should follow. The recent appearance of a publication on the subject by an acknowledged master of the technique, Reed Nesbit, of Ann Arbor, is accordingly most welcome.[1]

His book is well laid out, chapters being devoted in turn to all subjects with a bearing on the operation, including among others the anatomy and arterial supply of the enlarged prostate, armamentarium, selection of patients, technique, and management before and after operation, and the book concludes with a history of the operation of transurethral resection and a very extensive bibliography. It is well indexed, while the fact that the bulk of the numerous illustrations are original drawings by Didusch renders further comment on these unnecessary.

The title of the book is in itself noteworthy—not "Transurethral Resection", but "Transurethral Prostatectomy". It is obvious from its perusal that Nesbit does in fact carry out a prostatectomy as complete as that achieved by open operation. Equally obvious is the fact that transurethral prostatectomy is not an operation to be attempted by the "casual resectionist"; ideally also it should not be performed outside a urological clinic with a trained resident urological staff, expert nursing and full laboratory facilities, a state of affairs which though attainable in America is still a counsel of perfection in this country.

The book is so full of sound and informative material that a detailed analysis is hardly possible in a review such as this. Mention must, however, be made of Nesbit's criteria in selecting patients for transurethral operation. If after examination he considers that he cannot complete the prostatectomy in an hour—during which period he is able to remove up to 120 grammes of tissue—he prefers suprapubic or perineal prostatectomy as carrying no more, and possibly less, risk than multiple resections. Among the last 1,000 patients operated on at his clinic the mortality rate was 2·1% and secondary resection was performed in only thirty cases. He never hesitates to carry out resection through an external urethrotomy wound if the penile urethra is narrow or the suspensory ligament short. He considers the use of rectal palpation imperative while tissue is being removed from the floor of the prostatic urethra. He routinely carries out an estimation of the blood loss during operation and has found that this is often unexpectedly large—up to 600 cubic centimetres or more. If blood loss is excessive he gives an immediate transfusion, and when operating on large prostates he anticipates blood loss by transfusion during operation. He believes that his immediate functional results are as good as, or better than, those following open operation. This may appear to some rather an extreme statement, but any surgeon who has had much experience in prostatectomy knows that normal micturition after operation is by no means the invariable rule.

No urologist should miss reading this book, and the general surgeon will find therein much of interest and value. Criticisms of it are few and minor. Some mention, however, would have been welcome of the author's experiences with some of the less technical aspects of his subject—with the occasional patient who is intolerant of catheterization, who is generally non-cooperative, or who is perhaps mentally disorientated and pulls his catheter out from time to time. Also, though there seems little reason to suppose that they will be anything but satisfactory, one looks forward to the publication of Nesbit's long-term results.

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[1] "The Physiological Basis of Medical Practice: A University of Toronto Text in Applied Physiology", by Charles Herbert Best, M.A., M.D., D.Sc., F.R.S., F.R.C.P. (Canada), and Norman Burke Taylor, M.D., F.R.S. (Canada), F.R.C.S. (Edinburgh), F.R.C.P. (Canada), M.R.C.S. (England), L.R.C.P. (London); Third Edition; 1943. Baltimore: The Williams and Wilkins Company. 9¼" × 6", pp. 1958, with 497 figures. Price: $10.00.

[2] "Fractures and Joint Injuries", by R. Watson-Jones, B.Sc., M.Ch.Orth., F.R.C.S., 1943, Volume I, Third Edition. Edinburgh: E. and S. Livingstone. 9¾" × 6¼", pp. 418, with many illustrations, some in colour. Price: 75s. net.

[1] "Transurethral Prostatectomy", by Reed M. Nesbit, M.D., F.A.C.S.; First Edition; 1943. Springfield: Charles C. Thomas; London: Baillière, Tindall and Cox. 10" × 6½", pp. 201, with 62 illustrations. Price: $7.50.

The Medical Journal of Australia

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All articles submitted for publication in this journal should be typed with double or treble spacing. Carbon copies should not be sent. Authors are requested to avoid the use of abbreviations and not to underline either words or phrases.

References to articles and books should be carefully checked. In a reference the following information should be given without abbreviation: Initials of author, surname of author, full title of article, name of journal, volume, full date (month, day and year), number of the first page of the article. If a reference is made to an abstract of a paper, the name of the original journal, together with that of the journal in which the abstract has appeared, should be given with full date in each instance.

Authors who are not accustomed to preparing drawings or photographic prints for reproduction are invited to seek the advice of the Editor.

THE PROPOSED PHARMACY BENEFITS SCHEME OF THE COMMONWEALTH GOVERNMENT.

AUSTRALIAN practitioners of medicine will do well to remind themselves in these days of threatened change that the profession of apothecary, pharmacist or pharmaceutical chemist is, to quote the words of Colonel A. Graham Butler, "as old, honourable and chequered as that of medicine itself". And lest there be any feeling of superiority in the minds of doctors, it may be salutary to recall what Wilfred Trotter had to say in 1933 about pharmacy in an address to the Guild of Public Pharmacists. We quote again from Butler's book:

> The only branch of medicine which has always, and with increasing intentness and success, pursued the ideal of exact measurement is pharmacy. I do not think there can be any reasonable doubt that the future of the parent subject to a large extent depends on how far she is able to adopt the characteristic method of her daughter.

The truth of the matter is that neither medicine nor pharmacy can do without the other—each needs the help of the other. This was the central theme of an address delivered by Howard C. Newton, Dean of the Massachusetts College of Pharmacy, to the annual meeting of the Massachusetts Medical Society in May, 1943.[1]. He declared that medicine and pharmacy have many common objectives, all revolving around the central theme, the preservation of the public health. That the main objective of pharmacy, as of medicine, is the preservation of the public health must not be forgotten, and in the present days of planning and change should be repeatedly emphasized. Organized medicine as typified by the British Medical Association has two objectives—the furtherance of the medical and allied sciences and the maintenance of the honour and interests of the medical profession. These objects are not placed first and second by any accident or chance, but by deliberate intent. The application of the medical and allied sciences to the welfare of the community must be, and we trust and believe is, always maintained as the one consideration before which all others have to give way. And this is true of pharmacy as well. It will be a bad day for the people of any nation when the members of the professions charged with maintenance of public and individual health forsake their ideals of service to become time-servers and opportunists. The services which pharmacy is prepared to render to the community have been clearly set out by Newton in his address: "to have available in every community an adequate supply of high-standard drugs and medicines; to have available the knowledge, skill and equipment necessary for the extemporaneous preparation of medicines prescribed by the medical profession; to have available such a knowledge of the drugs and medicines that, through proper advice, the dangers of misuse may be averted; to have available accurate and reliable information about public health; to participate in research so that new and improved medicinal agents may be available to the medical profession." That they may be fit to render this service, pharmacists have nowadays to undergo a period of training and to become proficient in certain branches of science to a degree that was not contemplated in the days when professional status was gained by apprenticeship alone. It therefore follows that from every point of view—tradition, ethical standards, training and equipment—the profession of pharmacy is qualified to express an opinion on the type of service that it shall give to the public and on the manner of its giving. To deny its members this right, apart from offering them a grave affront, is to say the least of it undemocratic and likely from the very outset to be prejudicial, if not actually harmful, to the public good.

The public of the Australian Commonwealth has recently learned from the daily newspapers and from the statements of certain politicians that the Federal Government intends to introduce what is known as a pharmacy benefits scheme "as part of the expanding programme of social legislation". According to this scheme authorized medicines are to be supplied without charge to patients, and the service is to be available to all members of the community who wish to accept the benefit. Apparently the arrangements for the introduction of this scheme were quite well advanced before the medical profession was told anything about it. The first official notification came in November, 1943, in a letter bearing the date November 26, from Senator J. M. Fraser, Minister of Health, to Sir Henry Newland, President of the Federal Council of the British Medical Association in Australia. In this letter the Minister stated that detailed consideration was being given to the conditions which might apply in respect of a pharmacy benefit scheme. Conferences, he stated, had already taken place between representatives of the Federal Pharmaceutical Service Guild of Australia and the United Friendly Societies' Dispensaries. As representatives of the British Medical Association were to be in Canberra early in December for another purpose, the Minister thought that this would present a favourable opportunity for discussion with those representatives "upon such aspects of the proposed pharmacy benefit scheme as would affect the medical profession". A few days later some copies of a memorandum setting out details of the scheme were sent to Sir Henry Newland for the information of those attending the proposed meeting. A conference, as will be explained later, was actually held on December 8, 1943, at

[1] *The New England Journal of Medicine*, September 30, 1943.

Canberra, and certain views were put before the Minister. The scheme is best described in the terms of the memorandum sent by the Minister to Sir Henry Newland. In the first paragraph of this document there appears a statement which obviously contains an error, for we read that: "Authorised medicines will be prescribed without charge to patients." The word "prescribed" must surely be "provided"—there has been no suggestion that medical practitioners will make no charge for the prescribing of medicines. After this preliminary statement the memorandum proceeds as follows:

To enable this to be done under existing conditions, it has been found necessary to place certain limitations on the service itself, in order that the following requirements can be met:

1. Economy in drugs without the loss of therapeutic efficiency.
2. Conservation of manpower in all services, namely, medical, pharmaceutical and administrative.
3. Alignment with the Commonwealth policy of drug control.

What may be considered the main drawback from the point of view of the medical profession is the adoption of a formulary as a basis for prescribing. This, however, has been found necessary in view of the requirements already outlined, also because it considerably reduces the cost of administration by enabling the Government to offer chemists a satisfactory method of pricing without the necessity of introducing an expensive system of pricing each prescription.

The adoption of a formulary means that unless the medical practitioner prescribes a preparation contained therein, the patient will not be entitled to pharmaceutical benefits, and must pay the pharmacist for any prescription not included in the formulary. It does not mean, however, that the doctor cannot modify the formula at all to meet individual requirements. Elasticity of prescribing will be maintained in two ways: either by reducing the dose of any of the component ingredients, or by omitting any ingredient. It is fundamental to the scheme, however, that the ingredients of any prescription cannot be increased. This applies both to the dose and the number of ingredients.

It is not intended that the formulary itself should remain static; indeed, it is the wish of the Government that the formulary should at all times provide adequate coverage to meet all ordinary therapeutic requirements.

As a basis for the proposed service, it has been thought advisable to adopt the Australian War Pharmacopœia, 1942, as the formulary best suited to present-day requirements. It is intended, however, before issuing the official formulary, to seek the cooperation of the British Medical Association and the Medical Equipment Control Committee in reviewing the present formulary so that the greatest possible benefit may be derived therefrom.

It is further intended to set up a permanent formulary committee including representatives of the medical profession and the chemists, to modify and extend the formulary to meet the requirements of the public. In short, while prescribing is limited to a formulary, the formulary has no limits other than those dictated by therapeutic efficiency, economy and public welfare.

The next matter of import to the medical profession is the authorization of medical benefits. It is intended to issue to all practising physicians prescription forms in booklet form. These forms will be in triplicate. One copy to be retained by the prescriber, the original and duplicate to be handed to the patient.

The chemist will retain the duplicate and the original will be eventually forwarded to the department as the authority for the chemist's payment. The authorized prescription form must be used only when prescribing formulary preparations. If the prescriber wishes to vary the prescription by adding further ingredients, it must be treated as a private prescription.

To avoid the necessity of a patient having to return to the doctor for further supplies, it will be competent for the prescriber to indicate on the prescription the number of times the prescription can be dispensed without reference to him.

Medical practitioners will also be asked suitably to endorse all prescriptions which it is deemed necessary should be dispensed after closing hours.

It is the intention of the Government to restrict the dispensing of medicines to registered pharmaceutical chemists wherever possible. In districts, however, where no pharmaceutical service is available, it is hoped to enlist the cooperation of the local doctor.

Other points of the service which may be of interest to the medical profession are:

1. Patients may present their prescriptions to any chemist or dispensary.
2. All chemists prepared to provide pharmaceutical benefits will be registered and provided with a sign which will indicate to the public where the service is available.
3. Registration will involve an agreement which will provide for:
   (a) adequate control of dispensing by registered pharmacists;
   (b) termination of the contract by either party;
   (c) reasonable promptitude in supplying the legitimate requirements of the patient;
   (d) adequate stocks of drugs in accordance with the requirements of the formulary;
   (e) exhibition of notice setting out the chemist's hours of business and directions indicating the location of the nearest available chemist if no provision has been made to cater for an after-hour service.
4. Committees will be set up in each State, including representatives of the pharmaceutical profession, to deal with disputes as between the public and the chemist.
5. In order to ensure the quantity and the quality of the drugs and medicines supplied, provision will be made systematically to check the chemist's service.

This then is briefly the service that the Government intends to introduce. It is expected that the Government will receive the full cooperation of the pharmacists, who have given their approval of the adoption of a formulary based on the Australian War Pharmacopœia. It is equally important that the Government should receive the goodwill and cooperation of the medical profession.

It is to be anticipated that, where the prescriber is unfamiliar with the formulary, the writing of prescriptions may at first become irksome. With practice, however, there is little doubt that the formulary should be of the greatest assistance to hard-pressed prescribers.

The account of the conference between the Minister for Health and the representatives of the pharmaceutical organizations makes interesting reading. A lengthy report is published in *The Australasian Journal of Pharmacy* for November 30, 1943. The conference was held at Melbourne on November 18 and 19, 1943. From statements made by Mr. A. W. McGibbony it appears that the pharmaceutical representatives, when they arrived in Melbourne, had no idea of the nature of the Government proposals. In these circumstances they could not commit their respective State organizations to any course of action, by giving an almost immediate decision on basic points of the scheme. From an editorial statement in the journal mentioned we learn that the terms offered by the Government have been rejected because their acceptance would have amounted to a negation of two fundamental principles involved in such a cooperative effort—the provision of a service satisfactory to the public and reasonable and just payment for those giving the service. The medical profession must concern itself chiefly with the first of these two considerations. This does not mean that it has no sympathetic interest in the financial side of the arrangement as between government and pharmacist or in other matters such as the difficulties (and they appear to be real) associated with the question of containers. It may be useful, however, to draw attention to the opinion expressed by the pharmacists that the approach to the subject has been entirely wrong in that an attempt is being made to fit the scheme to a limited sum of money which will be available for the purpose. Medical practitioners will recall a similar attempt a few years ago in

connexion with national health insurance, which goes to show that history does sometimes repeat itself. The pharmaceutical representatives made certain suggestions to the Minister, who indicated that while he would put them before Cabinet, he was not prepared to recommend their acceptance.

This brings us to the conference that took place on December 8, 1943, between the Minister and representatives of the British Medical Association. After the Minister had outlined the proposals he had to leave to attend a meeting of Cabinet and did not return. In his absence, Dr. J. H. L. Cumpston, Director-General of Health, and Mr. H. G. Goodes, a Commonwealth Treasury official, acted as spokesmen for the Minister. The following statement was submitted by Sir Henry Newland on behalf of the medical representatives:

> We, the representatives of the medical profession, recognize fully that the restoration to health and the alleviation of suffering should be our paramount considerations.
>
> Holding this opinion, we consider that it is essential that in the acceptance of responsibility for the treatment of the sick, the medical profession must be entirely untrammelled in regard to the therapeutic measures to be adopted.
>
> For this reason we feel that the welfare of the sick would be seriously jeopardized by the adoption of any scheme which would limit the freedom of a doctor in prescribing for each of his patients exactly what medicine he regards as most suitable to restore him to health.

This attitude is one which every thinking person must commend; the people of the Commonwealth, were they given the opportunity, would most certainly endorse it. The terms of the present scheme are so laid that it will from time to time not be applicable, and when this does happen it is the poor man who will suffer. Medicine is to be provided free of charge for every member of the community. This medicine has to be ordered according to a predetermined formula. The formula will, we are told, not be static; in other words it will be altered from time to time as the availability of drugs is increased and as the indication for the use of different drugs becomes extended. The prescribing doctor will have power to omit one or more of the ingredients of a mixture or to reduce the dosage of any one of them. He will have no power to increase the dose of any one drug in a mixture, nor will he be able to add to the mixture an extra drug, however important he may conceive it to be. If he does either of these things, the patient will have to pay for the mixture—he will be at once, by the doctor's action, placed outside the benefits of the scheme. To the man or woman with money, this will not matter much; to the poor man or woman it may make a great deal of difference. Every one who has had any experience of medical treatment in hospitals or similar institutions, and for that matter in private practice, understands that stock mixtures, those planned on a prearranged formulary, are suitable for use in many types of illness. The most uninstructed person will soon realize that disease does not manifest itself in the human body according to a standard pattern; differences are almost invariably present, and sometimes the differences call for the use of special remedies, remedies that could quite easily and most economically be added to stock mixtures. The man whose disease, unfortunately for him, has these differences in any great degree is not to be catered for under the government scheme. In these circumstances, too, the attendant doctor may be tempted to treat his patient with a combination of drugs that really lacks an essential adjuvant. If a scheme of pharmacy benefit is to be inaugurated at the present time, then some formulary such as the Australian War Pharmacopœia will have to be used as a basis, because drugs cannot be used unless they are in the country in suitable quantities. If this restricted basis were really regarded as only a temporary expedient, fears of later inadequacy would be removed. Another fact of importance is that inauguration of such a scheme at the present time will greatly increase the work of doctors who will have to write the prescriptions either at hospital out-patient departments or in their consulting rooms. If such a service is to be established, it can quite well wait until the cessation of hostilities, when drugs will be more plentiful, when pharmacists will have returned from active service to their pharmacies and doctors to their surgeries. In actual fact there is nothing to show that a demand for such a scheme has ever been made. But the Federal Government has spoken and has made its wishes clear. Either the Government is actuated by the welfare of the people or it is not. If it is so actuated it must take notice of the views of the medical representatives expressed at the recent conference. To ignore them will convict the Government of motives less worthy than those commonly attributed to it.

Current Comment.

DR. GEORGE CRANSTON ANDERSON.

THE news of the death of Dr. George Cranston Anderson, Secretary of the British Medical Association, which was cabled to Australia, came as a shock to members of the Association in this country. The medical profession in England had been told by an announcement in the *British Medical Journal* of November 6, 1943, that on October 23 he had a "severe and very painful heart attack" and was taken from B.M.A. House to hospital, but the journal had not arrived in this country when the cable message came. George Cranston Anderson was known to every member of the Association by reason of the skill and tact with which he handled the affairs of the Parent Body both within the corpus of the Association itself and in relation to the community and the State. Many members of the Association in Australia met him when the one hundred and third annual meeting was held at Melbourne in 1935. His courtesy, his manly bearing, his obvious ability and his kindliness made an instant appeal to Australians, and none could doubt that when matters of principle were under discussion or the honour of the profession was in question, there would be no hesitation, no weakness, no compromise. To those who were privileged to come into closer contact with him the hand of friendship was at once extended and any gap was bridged. Every member of the Association who visited England was assured of a welcome in Anderson's room at headquarters in Tavistock Square. He had the happy knack of making overseas members feel that they really belonged to the Parent Body and were its individual concern, that the beautiful building of which he was so justly proud belonged just as much to them as to a London member and that nothing done for them was too much trouble. When the Representative Body met, the overseas members saw Anderson at his best, and could but admire his quiet efficiency. The enormous amount of work that he was called on to do during the war years must have taken heavy toll of his reserves of energy, but we may be quite certain that he gave of his best with no thought of self. The members of the medical profession in Australia, with those in every part of the Empire, mourn his loss and offer their sympathy to his wife.

Abstracts from Medical Literature.

PÆDIATRICS.

Treatment of Persistent Upper Respiratory Infection.

H. W. TAYLOR (*Archives of Pediatrics*, October, 1943) comments on the persistence of upper respiratory infections in children in spite of the usual methods of treatment. We are all familiar with the child who, after an acute coryza, is left with a running nose and a cough, both of which last for weeks and often months. The organisms most often responsible are the staphylococcus and pneumococcus. The treatment of secondary infections and sequelæ is obviously important. Turnbull used 5% sulphathiazole sodium solution *plus* desoxyephedrine—a new vasoconstrictor—as a nasal spray in 47 cases of chronic sinusitis, with great improvement in 40 instances. The solution was sprayed in the nose twice a day and there was no evidence of toxicity, even though in some cases the spray was used for five months. Merica found sulphathiazole sodium effective in sinusitis. MacArthur used sulphathiazole sodium in colds and relief resulted within forty-eight hours. He used it in a jelly base. The author reports a case in which a solution of sulphathiazole sodium *plus* desoxyephedrine hydrochloride was used. A boy, aged ten years, had a running nose and slight cough for two months following an acute coryza and then developed catarrhal croup. This cleared up within three days and a post-nasal drip and slight cough persisted for three months. Physical examination revealed no abnormality, except for post-nasal drip. The chest was clear, the tonsils were normal, and past history was irrelevant. All the usual nose drops were tried, but to no avail. After the child had had a chronic discharge from the nose for five months, it was decided to try a solution of sulphathiazole sodium (2·5%) and desoxyephedrine hydrochloride as a nasal spray three times a day. After forty-eight hours there was marked relief, no stuffiness in the nose, no post-nasal drip, and the child slept more restfully. The relief was so pronounced following the use of this solution that there was no doubt that the medication was responsible. Even the cough had stopped. Sulphathiazole sodium has a bacteriostatic action against staphylococcus and pneumococcus, two micro-organisms present in upper respiratory infections. Desoxyephedrine hydrochloride is a vasoconstrictor and is compatible with sodium sulphathiazole.

The Use of Sulphonamides in Measles.

ROBERT SWYER (*The British Journal of Children's Diseases*, July-September, 1943) has investigated 1,193 cases of measles occurring in the 1940-1941 epidemic with a view to determining the effect of sulphonamides on the course of the disease and on the occurrence of complications. Three hundred and twenty-four patients received the drugs for a short period immediately following admission to hospital, whilst 869 did not, unless complications arose necessitating their use for treatment. An additional 64 patients with bronchopneumonia and 29 with *otitis media* which occurred in an earlier epidemic were also examined as controls in the assessment of the value of this chemotherapy in treatment as opposed to prophylaxis and complications. The results were as follows. The complication rate was reduced from 13·7% to 11·4%. The average length of stay in hospital in uncomplicated cases was reduced from 12·2 to 10·8 days. The length of stay in all complicated cases was unaltered. The case mortality from bronchopneumonia was about halved. Results of treatment of *otitis media* were inconclusive, but the average length of stay of patients was reduced from 39 days for controls to 28 days in sulphonamide treated cases. Toxic manifestations were very rare and mild. The author concludes that a short course of prophylactic treatment is not worth while. This is in accordance with knowledge of the mode of action of the drug. Prophylaxis must be maintained if any appreciable effect is to be produced on post-admission complications. Due regard being paid to the measure of therapeutic control possible for established complications (bronchopneumonia and *otitis media*), it is questionable whether routine sulphonamide prophylaxis with its potential risks is desirable.

Rheumatic Infection in Childhood.

EDWARD C. ROSS COUPER (*Archives of Disease in Childhood*, June, 1943) discusses the problem of rheumatic infection in childhood as it affects a proportion of the child population in the city of Liverpool. At the present time, when planning for the future bulks so largely on the medical horizon, the present series serves to reemphasize the great importance of rheumatic infection in childhood. This is especially important when it is considered that diseases of the heart and circulation have the highest death rate and that 50% to 60% of these deaths are due to rheumatic infection, a large proportion of which is acquired in childhood. An average of 241 cases *per annum* of rheumatic heart disease in one hospital is a startlingly large number. An attempt was made in Alder Hey Children's Hospital to treat all patients with rheumatic infection or suspected rheumatic infection, whether showing evidence of cardiac involvement or not. In the opinion of the author it is impossible in the course of one or even two examinations of an out-patient to determine whether the rheumatic process is active or not. It is necessary to have the child under close and skilled observation in bed in hospital for a period of a few weeks. If this ideal situation is to develop, then perhaps an even greater number of beds should in the future be made available for this purpose. It is generally agreed that rheumatic clinics or after-care clinics are extremely useful; but when the child is referred to the school medical officer or to a school for physically defective children, he passes out of the care of the physician who knows him from the inception of the illness. Whilst the author does not intend to criticize adversely the admirable work of the school medical service, he feels that arrangements should be made whereby the hospital physicians supervise the progress of the rheumatic child while at the school for physically defective children. In other words, there should be continuity of supervision. The ideal is the residential school such as is in operation in Birmingham. In the writer's opinion such schools should be medically supervised by the physician of the hospital and preferably should be in adjacent premises if the parent hospital is suitably situated. Education in such schools should to a greater extent be designed to fit the cardiac cripple for some useful employment. The author has frequently recommended a sedentary occupation, only to find that the child's educational attainments automatically debar him from such employment. Parents should be taught the dangers of rheumatic infection, and the common idea that the function of a clinic is to supply a bottle of medicine should be eradicated. On the whole the prognosis is not unfavourable, and the writer is convinced that it could be improved by early and continuous supervision, if necessary until adolescence is reached. The problem is an immense one, and in plans for the medical service of the future it merits detailed consideration.

Mediastinal Pleurisy in Infants.

ROGER A. HARVEY (*American Journal of Roentgenology*, February, 1943) discusses mediastinal pleurisy, and states that it is found in 1% to 2% of routine radiological chest examinations in children under one year of age. Infants having prolonged, atypical or repeated pneumonic symptoms, should be examined for the existence of mediastinal pleurisy. Atypical thymus gland shadows and cases of so-called Röntgen-resistant thymus gland should be reappraised with mediastinal pleurisy foremost in the differential considerations. The radiological recognition of this form of pleurisy is important, but the criteria which are used to distinguish it from unilateral thymus gland enlargement are not generally known. This form of mediastinal pleurisy with or without effusion is characterized by or associated with: (*a*) a sharp lateral margin; (*b*) demarcation in an inferior angle of less than 90° and in relation with or near the interlobar fissure; (*c*) unilateral appearance, more often on the right side than on the left; (*d*) frequent inflammatory changes in the adjacent lung parenchyma; (*e*) increase in the width and density of the interlobar fissure shadow; (*f*) the situation of greatest density in an inferior position in the lateral projection; (*g*) variability or site of density anywhere between the anterior and posterior boundaries of the pleural space in the lateral projection; (*h*) absence of tracheal deviation or distortion in the lateral projections; (*i*) minimal changes in the size and contour of the density during quiet or laboured respiration; (*j*) no significant reduction in size after small doses of X-ray therapy.

ORTHOPÆDIC SURGERY.

"Cellophane" in Synovectomy.

D. C. MCKEEVER (*The Journal of Bone and Joint Surgery*, July, 1943) states that he has successfully used "Cellophane" as an interposition membrane in synovectomy operations. When

synovectomy is performed upon a patient suffering from arthritis, the post-operative course is generally characterized by great pain and much forcible physical therapy brought about by efforts to secure a satisfactory range of motion (about 90°) in the joint. The personal factor in recovery is important, and if the patient's tolerance to pain is low and his physical stamina has been impaired by chronic disability, the terminal state may be complete fibrous ankylosis. In view of these observations, the author employed "Cellophane" at operation upon a patient who had for six years suffered from villous arthritis involving both knees and one ankle, and who had been confined to bed for over 50% of that period. One knee only was operated on at first. A median parapatellar incision was made, and all the synovial membrane in the suprapatellar pouch and the intercondylar notch and beneath the lateral ligaments was removed. All synovial membrane accessible through this incision was excised, both semilunar cartilages were excised, and roughened bone and cartilage surfaces were smoothed with osteotome and scalpel. All pannus was rubbed and curetted from the cartilage surfaces. The synovial membrane was much thickened and affected by chronic inflammation; it weighed 75 grammes. A piece of "Cellophane", previously autoclaved, was then cut in a pattern to fit the suprapatellar pouch and to extend laterally and medially to permit the ends to lie under the lateral ligaments where they crossed the joint, the incision was closed, and a heavy cotton and gauze pressure bandage was applied. The results surpassed the author's hopes; unassisted motion was begun on the fourth day, and by the ninth day 85° of pain-free flexion and extension to the point of the original contracture were present. The final range of motion was 130° The patient repeatedly said that the movements were painless. When the second knee was subjected to operation, the patient's consent was obtained and the first was reopened. A smooth, glistening surface was found throughout the area in which the "Cellophane" had been interposed, and a suprapatellar pouch of normal extent was present. The "Cellophane" had split in the centre, and the edges were fragmented. It appeared to have produced no reaction other than as a mechanical barrier modifying the formation of scar tissue. Other cases are described in which the results were equally satisfactory. The author believes the thickness of the piece of "Cellophane" to be unimportant; but the thinner grades are hard to handle and tear easily. "Cellophane" number 300 was suggested by the manufacturers; it is not waterproofed. It is sterilized by autoclaving, and kept smooth by being rolled between two fairly heavy sheets of paper. The author concludes that the uses to which "Cellophane" might be put as an interposition membrane are limited only by the imaginative scope of the surgeon.

Posterior Hernia of the Knee.

H. W. MEYERDING AND R. E. VANDEMARK (*The Journal of the American Medical Association*, July 24, 1943) believe that Baker's cyst is due (*a*) to herniation of the synovial membrance through the posterior part of the capsule or (*b*) to the escape of fluid through the normal anatomic connexions of the knee joint into the bursæ (the median gastrocnemius or semimembranosus bursæ). Certain anatomical factors at the knee predispose to anterior hernia; amongst these is weakness of the capsule along the lateral side of the medial condyle of the femur. Further, each of the most important bursæ of the popliteal space (the semimembranosus, semitendinosus, popliteus and gastrocnemius bursæ) may communicate with the joint as well as with one another in certain circumstances, and synovial diverticula may herniate through the fibres of the oblique posterior ligament. The communications of these various structures with the joint are in many instances open when the knee is extended and the posterior part of the capsule tense, but tend to close on flexion of the knee. The authors have found that symptoms are usually not severe; this is in contrast to Haggart's findings. Their patients usually complained of aching and stiffness of the knee and of the presence of the tumour, which caused them concern. The tumour was generally not painful or adherent to the overlying skin; but it might be firm on extension of the knee and softer on flexion. It might move from side to side on flexion, but had a fixed point at the capsule. The bulk of the tumour was as a rule distal to the flexion crease of the knee. Pulsation was rarely present, and bruit and inguinal adenopathy were absent. The patient could walk and use the leg, although some limitation of flexion and rarely some disuse atrophy of the extremity were noted. Diagnosis is easy if the condition is kept in mind. The prognosis if the condition is untreated is unsatisfactory, for progressive enlargement of the cyst occurs. With conservative treatment the prognosis is indeterminate. Surgical treatment is the best method, and is indicated whenever symptoms are present. The authors describe the surgical treatment adopted by them.

Recurrent Dislocation of the Shoulder Joint.

F. W. ILFELD AND H. G. HOLDER (*The Journal of Bone and Joint Surgery*, July, 1943) present a preliminary report on a combination procedure for the treatment of recurrent dislocation of the shoulder. Their clinical material consisted of four patients; in all cases trauma was the cause of the original dislocation. In anterior dislocation, the head of the humerus is forced over the anterior rim of the glenoid. According to the severity and direction of the force, the following changes may occur: (i) injury to the *labrum glenoidale*—it may be torn loose from its attachments; (ii) chip fracture of the anterior edge of the glenoid; (iii) capsular tear or displacement; (iv) a compression or shearing fracture of the postero-lateral portion of the humeral head, caused by the "digging in" of the anterior rim of the glenoid. The authors believed that to prevent recurrent dislocation of the shoulder, the defect of the humeral head if present must be corrected or counteracted. In their experience transplantation of the biceps tendon alone is not sufficient, and the grafting of bone or the implantation of a vitallium plate over the defect of the humeral head they consider not feasible. They therefore thought it advisable, in combination with transplantation of the biceps tendon, to interrupt the matching of the humeral head and glenoid by changing the shape of the latter by the implantation of a bone shelf at the antero-inferior margin of the glenoid. The bone graft used measures about three-quarters of an inch by two and a half inches, and is obtained from the ilium. The crest of the ilium was chosen because its curve corresponds to that of the glenoid, because its superior surface is smooth and forms a perfect buttress, and because it provides a thicker graft than does the tibia. The authors state that this operation, combined with Nicola's or Roberts's tendon transplantation, is indicated when great damage to the bone or soft tissues of the shoulder has occurred. It is advisable (*a*) when flattening of the postero-lateral portion of the humeral head has occurred, (*b*) when a deformity or chip fracture of the anterior edge of the glenoid is present, (*c*) when such damage has been done to the *labrum glenoidale* that adequate repair by the Bankart operation is impossible, (*d*) when thinning of the capsule is such that adequate suture cannot be carried out, and (*e*) after failure of previous surgical procedures.

Insertion of the Smith-Petersen Nail without an Initial Skin Incision.

BERNARD B. LARSEN (*Surgery, Gynecology and Obstetrics*, August, 1943) describes in detail a method of inserting the Smith-Petersen nail for internal fixation of intracapsular fractures of the hip. The guide used is an adaptation for use in inserting the Smith-Petersen nail, of the Tuttle guide, which is for the insertion of screws. The author states that the small amount of anæsthesia required, the shortness of the procedure and the avoidance of blood loss, all reduce the risk of shock for the patients, who are usually old. The danger of infection is minimal, and the procedure is simple. These advantages make the technique suitable for use, either in the fully equipped institution, where fluoroscopic control can be easily used, or in institutions where only a small portable X-ray machine is available. The procedure has given satisfactory results in a series of more than sixty cases.

Pin Distraction and Ununited Fractures.

A. G. DAVIS (*The Journal of Bone and Joint Surgery*, July, 1943) believes that pin-distraction apparatus has a unique capacity for producing damage. In six cases of flail non-union of the lower portion of the tibia, in all of which pin distraction had been used, complete serial skiagrams revealed that over-distraction had been attained and maintained throughout the callus-forming period. As sliding bone grafts succeeded in all cases in securing uncomplicated union in average time, the author considered it clear that no defect in bone-forming ability was involved. He believes that the pin-distraction apparatus is mechanically so efficient that it is impossible to feel the difference, in an adjustment depending on a gear, as between just enough force and too much force, which will result in complete horizontal disruption of the periosteum. This in turn leads to delayed union or to non-union. He urges great caution in the use of pin distraction.

British Medical Association News.

ANNUAL MEETING.

THE annual meeting of the Queensland Branch of the British Medical Association was held at British Medical Association House, Wickham Terrace, Brisbane, on December 10, 1943, DR. A. E. LEE, the President, in the chair.

ANNUAL REPORT OF COUNCIL.

The annual report of the Council, which had been circulated among members, was taken as read on the motion of Dr. J. L. Simmonds, seconded by Dr. H. W. Horn, and was adopted on the motion of Dr. A. E. Paterson, seconded by Dr. L. J. J. Nye. The annual report is as follows.

The Council has pleasure in presenting the following report of the work of the Branch for the year ending November 15, 1943.

Membership.

The membership of the Branch is 585, as against 563 last year, making a gain of 22, inclusive of four complimentary members. Twelve honorary associate members were elected during the year.

The gains were: new members, 41; transferred from other Branches, 4; members reinstated, 5.

The losses were: members transferred to other Branches, 5; resignations, 1; deceased, 11; default in payment of subscription, 11.

There is a total of 164 members engaged on full-time duty with His Majesty's Forces, which represents 28% of our membership.

Obituary.

It is with deep regret that we record the death of Dr. J. A. Cameron and Dr. A. B. Brockway, both of whom were past presidents of the Branch.

The Branch has also sustained a loss by death of the following members: Dr. E. H. Beaman, Dr. Guilford Davidson, Dr. B. Gilmore Wilson, Dr. R. A. Baker, Dr. Reginald Williams, Dr. A. W. Bayley, Dr. Lewis Lofkovits.

Roll of Honour.

Major C. E. Thelander, Captain J. H. Samuels.

Meetings.

General.

In addition to the annual meeting eleven meetings of the Branch were held, three of which were clinical meetings, and one was called to discuss the problem of a general medical service for Australia. The average attendance was thirty-six.

Council.

Twenty-two ordinary and one special meeting of the Council was held. The record of attendances of the Council is as follows:

	Ordinary.	Special.
Dr. Alan E. Lee (President and Federal Council Representative)	19	1
Dr. L. P. Winterbotham (President-Elect)	22	—
Dr. F. W. R. Lukin (Past President)	15	—
Dr. W. H. Steel (Honorary Secretary)	20	1
Dr. J. G. Wagner (Honorary Treasurer and Honorary Secretary of Committees)	20	—
Dr. H. W. Horn (Chairman of Committees)	21	1
Dr. Felix Arden (Councillor)	20	—
Dr. J. G. Avery (Councillor)	19	1
Dr. R. B. Charlton (Councillor)	17	—
Dr. D. Gifford Croll (Councillor)	9	—
Dr. Milton Geaney (Councillor)	17	1
Dr. Basil L. Hart (Councillor)	7	1
Dr. S. F. McDonald (Councillor)	17	1
Dr. Alec. E. Paterson (Councillor)	16	1
Dr. Mervyn S. Patterson (Councillor)	12	1
Dr. T. A. Price (Vice-President of the Branch, Councillor and Federal Council Representative)	10	—
Dr. J. Lloyd Simmons (Councillor)	15	—
Dr. C. E. Wassell (Councillor)	16	—

Scientific.

February.—Clinical meeting in conjunction with the Brisbane Hospital Clinical Society.
March.—Lieutenant-Colonel A. H. Lendon, A.A.M.C.: "Experiences in War Surgery."
April.—Lieutenant-Colonel G. H. Yeager, M.C., United States Army: "Vascular Disease from the Surgical Standpoint."
May.—Wing Commander S. Read, M.S., R.A.A.F.: "The Work of a Medical Officer with a Fighting Squadron."
June.—Dr. F. B. Byrom: "Recent Work on Hypertension" (Joseph Bancroft Memorial Lecture).
July.—Dr. T. H. R. Mathewson, Dr. Felix Arden, Dr. A. E. Paterson, Lieutenant-Commander Miller (U.S.A.): Symposium: "Infant Feeding and its Problems."
August.—Colonel K. B. Fraser, A.A.M.C.: "Sidelights on the Army Medical Service."
September.—Professor J. V. Duhig: "Old Bills of Mortality" (Jackson Lecture).
October.—Clinical meeting combined with the Hospital for Sick Children Clinical Society.
November.—Clinical meeting combined with the Mater Misericordiæ Public Hospital Clinical Society.

Office Bearers and Councillors.

Dr. L. P. Winterbotham was elected President-Elect for the ensuing year and Dr. W. H. Steel was elected Honorary Secretary.

The following office bearers were elected by the Council:

Honorary Treasurer: Dr. J. G. Wagner.

Chairman of Committees: Dr. H. W. Horn.

Honorary Secretary of Committees: Dr. J. G. Wagner.

Honorary Librarian and Curator of Museum: Dr. Neville G. Sutton.

Assistant Honorary Librarian: Dr. Konrad Hirschfeld.

Dr. Basil Hart, who has been a member of the Council for a number of years, and Dr. A. E. Paterson did not seek reelection for the coming year.

Ethics Committee.

At the annual meeting of the Branch held on December 11, 1942, the following were elected members of the Ethics Committee: Dr. Alex. Marks, C.B.E., D.S.O., V.D., Dr. G. P. Dixon, C.B.E., V.D., Surgeon Commander Gavin Cameron, Dr. M. Graham Sutton, Dr. L. J. J. Nye.

No matters were dealt with by the committee during the year.

Library.

During the year sixty-six books were borrowed from the library by twenty-nine members.

Medical officers of the United States Army are still making use of the library facilities.

The only addition to the library this year has been Volume III of "The Official History of the Australian Army Medical Services of the War of 1914-1918".

Representation.

The Branch was represented as follows during the year:

Council of the British Medical Association: Professor R. J. A. Berry.
Federal Council of the British Medical Association in Australia: Dr. T. A. Price and Dr. Alan E. Lee.
Federal Council, Contract Practice Committee: Dr. L. P. Winterbotham.
Australasian Medical Publishing Company, Limited: Dr. D. Gifford Croll.
Medical Officers' Relief Fund (Federal): Queensland Committee, Dr. D. Gifford Croll, Dr. G. P. Dixon, Dr. W. H. Steel.
Medical Assessment Tribunal: Dr. A. H. Marks.
Queensland Medical Board: Dr. D. Gifford Croll, Dr. J. G. Wagner, Dr. Felix Arden.
Post-Graduate Medical Education Association: Dr. S. F. McDonald, Dr. Alan E. Lee, Dr. Alec. E. Paterson.
Queensland Medical Coordination Committee: Dr. F. W. R. Lukin.
Queensland Cancer Trust: Dr. Alan E. Lee, Dr. Konrad Hirschfeld.
Queensland Nutrition Council: Dr. P. A. Earnshaw, Dr. Noel M. Gutteridge.
Queensland Bush Nursing Association: Dr. L. Bedford Elwell.
Standards Association of Australia: Dr. E. O. Marks.
Flying Doctor Service of Australia: Dr. Harold Crawford.

Red Cross Society Blood Transfusion Service Committee: Dr. Milton Geaney.

The Surf Life Saving Association of Australia, Queensland State Centre: Dr. F. W. R. Lukin.

Physical Fitness Association of Queensland: Dr. E. S. Meyers and Dr. Harold Crawford.

The Editor of THE MEDICAL JOURNAL OF AUSTRALIA was represented by Dr. Felix Arden.

War Emergency Organization.

Australian Army Medical Corps Medical Officers.—The matter of consultants being called up for service with junior rank was taken up with the army authorities, and where specialist qualifications were held, appropriate adjustment was made.

Rehabilitation of Medical Officers of the Armed Forces.—A subcommittee has been appointed to deal with this matter, and a *questionnaire* has been sent to all members of the Branch attached to His Majesty's Forces in an endeavour to obtain a survey of the position with the object of assisting them in every way possible to be absorbed into civilian practice after the war. A gratifying number of replies have been received and a survey of the civil position is being made in order to determine what openings are likely to be available.

News Letters to Members in the Forces.—Monthly news letters are being sent which are prepared by a subcommittee. By this means members in the services are kept advised of developments taking place in medical practice and Branch news of interest to them. Many letters of appreciation have been received, and the subcommittee responsible is amply repaid for the work involved in preparing the monthly news letter by their favourable reception.

Medical Appointments made during the War.—At the beginning of the war the various authorities were asked not to make permanent appointments during the period when men were on active service. In furtherance of this the President interviewed the Public Service Commissioner, and from the information received it appears that the position is satisfactory and that adequate steps are being taken to protect returned men. It was explained that the difficulty in making temporary appointments to the Public Service is that unless permanency is offered applicants for positions are unavailable owing to commencing salaries being low.

Protection of Practices of Members during War Period [By-Law 52 (1)].—Action under this by-law has been taken by the Council in several cases where it was necessary, but the matter of commencement of practice is now largely controlled by the Medical Coordination Committee.

At present the by-law reads as follows: "No practitioner should commence practice without purchase for the duration of the present war, in an area from which any member is absent on whole-time duty with any of His Majesty's Forces, except by special permission of the Council of the Branch."

A modification of this by-law is under consideration by the Council in view of the number of members who are now returning from service with His Majesty's Forces to civil practice.

Queensland Medical War Benefit Fund.—This fund, which was inaugurated at the beginning of the year, has an enrolment of 56 contributors and 25 donors, making a total of 81.

Payments from the fund are made only to those members in the armed forces who can show their need for assistance. The assistance is limited to a maximum of £25 per month. The following are the conditions under which grants are made to beneficiaries: maintenance of reasonable preexisting insurance premiums; sensible, not extravagant, education of children; payment of interest on debts associated with practice and home; large number of dependants; hospital expenses of dependants.

The following trustees were elected: Dr. J. G. Wagner (Chairman), Dr. F. W. R. Lukin, Dr. J. G. Avery, Dr. Milton Geaney, Professor J. V. Duhig. The Queensland Trustees Limited assist in the administration of the fund.

In accordance with a resolution passed at the inaugural meeting, a list of contributors and donors is being published in THE MEDICAL JOURNAL OF AUSTRALIA.

Certification.—Attempts have been made in various directions to have curtailed much of the certification and witnessing which doctors are called upon to do on account of the war position. All efforts have, so far, met with very little success.

Medical Certificates.—During the year a joint committee was appointed consisting of two representatives each of the British Medical Association, Chamber of Manufactures and Trades and Labour Council. This committee was set up in an endeavour to smooth out some of the difficulties concerning certification in relation to absenteeism in industry and certificates generally. Two forms of certificate have been adopted, one for sickness and the other for release from employment on medical grounds. It was considered by the Council that a standard form of sickness certificate will be of benefit to all medical practitioners, and will be the means of eliminating unsatisfactory or badly worded certificates.

Unfortunately the Trades and Labour Council have recently withdrawn their representatives from the joint committee.

Medical Benefits for Dependants of Deceased Soldiers.—The agreement with the Repatriation Commission in this connexion is still under consideration, and in the meantime dependants of deceased soldiers are being paid for at ordinary lodge rates and conditions.

Schedule of Workers' Compensation Fees for Civilian Employees of the American Army.—A schedule of medical fees for treatment of civilian employees of the United States Army has been drawn up and approved by the Council and circulated to members. In this regard the United States Army is not willing to pay for continuation and discharge certificates.

Rationing.

Petrol Rationing.—The Liquid Fuel Subcommittee of the Branch has continued to function, and the requirements of members are dealt with through Mr. F. K. Davis, acting manager of the British Medical Agency of Queensland, Pty., Ltd., who acts as secretary of the subcommittee. A satisfactory liaison has been established between the Liquid Fuel Control Board and the subcommittee of the Branch to the mutual interest of both. The personnel of the subcommittee is: Dr. L. P. Winterbotham (Chairman), Dr. A. G. Anderson, Dr. A. E. Paterson and Mr. F. K. Davis (Secretary).

Motor-Car Tires and Accessories.—Assistance is being given to members in obtaining their requirements with as little delay as possible.

Linen for Doctors' Surgeries.—In connexion with the issue of coupons to cover the requirements of doctors, the Rationing Commission has found it impossible to fix a flat rate for maximum stock and replacements for linen and towels used by medical practitioners, as so many variable factors must be taken into account in assessing requirements, and a fairly intimate knowledge of the conditions peculiar to each practice is necessary.

By arrangement with the Federal Council a subcommittee has been appointed in each State by the local Branch of the British Medical Association to review applications from individual doctors, and when approved pass them on to the State Rationing Office. The personnel of the subcommittee is: Dr. L. P. Winterbotham, Dr. J. G. Avery, Dr. A. E. Paterson, and Mr. F. K. Davis, acting manager of the British Medical Agency of Queensland, is undertaking the secretarial work.

A conference with the Deputy Director of Rationing has taken place and it is hoped that the matter will be carried out in a manner satisfactory to all concerned.

Doctors' Professional Clothing.—The Rationing Commission has decided that surgeons' trousers and operating gowns, where not provided, may be obtained without the surrender of coupons, upon application being made for a special permit from the Rationing Commission's Department. No provision is made for an issue of coupons to cover the purchase of white coats for doctors.

Food Control.—The Council has been concerned about the difficult situation existing in Queensland whereby essential foods such as milk, eggs and fruit have become so scarce, that the health of the community, particularly that of young children, has been affected. Representations have been made to the authorities concerned, and the matter was also referred to the Federal Council.

Medical Planning.

A great deal of time and thought have been devoted by the Council to this important matter and a special meeting of the Branch was held on February 19.

At the request of the Federal Council, a State Medical Planning Committee was appointed, whose report, after adoption by the Council, has been forwarded to the Federal Council.

In order that the Federal Council should know, as far as possible, the opinions of individual members of the profession throughout Australia, and so that the policy of the

Federal Council may be interpreted to the largest possible number of members, the General Secretary of the Federal Council, Dr. J. G. Hunter, has commenced a tour of the States, and he is at present in Queensland. Meetings were held with a number of local associations and a discussion was carried out in the metropolitan area.

The consensus of opinion is opposed to a salaried service, and is in favour of medical services on the present basis of practice, with special reference to the rehabilitation of doctors returning from the armed forces.

Opinions from members of the services were also received and noted.

Parliamentary Joint Committee on Social Security.

This committee visited Queensland during the year and several members of the Branch gave evidence before it. An interim report of the committee has been presented to Parliament and will probably form the basis for subsequent negotiations with the medical profession.

Organization Subcommittee.

Personnel.—Dr. D. Gifford Croll, Dr. J. Lloyd Simmonds, Dr. Felix Arden, Dr. C. E. Wassell, Dr. R. B. Charlton, Dr. J. G. Avery and the *ex officio* members of the Council.

Twenty-two meetings have been held, at which many varied matters were dealt with and recommendations made to the Council. Subjects not mentioned in this report under special headings, on which action was taken, are as follows:

Fees Payable to Locum Tenentes.—This matter was raised by the Federal Council. It was decided by the Branch Council that a fee of £12 12s. per week for both town and country is sufficient, being the amount at which the fee was pegged by the Queensland Medical Coordination Committee.

Special Groups.—It is proposed to resuscitate the special groups, previously in existence in this State, which have ceased to function for the past few years.

Income Tax: Motor-Car Expenses.—At the request of this Branch, the matter was taken up by the Federal Council with the Commissioner of Taxation, from whom a ruling was received allowing nine-tenths for professional purposes and one-tenth to private running when an arbitrary apportionment is applied during the period whilst the present petrol restrictions are in force. The deduction previously allowed for income tax purposes was four-fifths.

Rear Lights on Tram Cars.—The Brisbane Tramways Department and the Royal Automobile Club of Queensland were communicated with, drawing attention to the great danger caused to motorists by bright lights at the rear of tram cars, and it was suggested that action be taken to have them hooded, as the glare prevented motorists from seeing pedestrians when trying to pass a tram.

This action was subsequently taken by the Tramway Department.

Quota of Medical Students for the Queensland University.—The Commonwealth Universities Commission was communicated with protesting against the small quota of medical students for the University of Queensland for the year, and the matter was also taken up with the Minister for Health and Home Affairs.

It is satisfactory to note that the quota for the ensuing year has been raised from forty to sixty.

Museum of Medical History.—The establishment of a Museum of Medical History in the grounds of the Brisbane Hospital is under consideration and a committee has been appointed. The committee would appreciate either gifts or loans of antique surgery furniture, instruments, books, pictures or documents, and members who are prepared to assist have been asked to communicate with the Secretary of the Branch.

City Medical Officer of Health.—The City Medical Officer of Health, Dr. L. A. McLean, has requested the cooperation of the profession in the earlier and more complete notification of infectious diseases, with particular reference to the "date of onset", and members have been circularized to this effect.

Workers' Compensation Insurance.—The question of payment for treatment of workers insured under the *Workers' Compensation Act*, as is in existence in other States, is under consideration, and a subcommittee has been appointed to go into the matter with a view to arranging a conference with interested parties.

Broadcasting.—This method of publicity in matters concerning the medical profession has been discussed, and the preparation of suitable material for future use is to be undertaken.

Trained Nurses in Doctors' Rooms.—The attention of members has been drawn to the fact that the Nurses' Award, which came into operation on September 1, 1943, contains the following clause:

> *Clause 3 (16): Doctors' Rooms.*—Registered nurses employed in doctors' rooms or other similar positions shall be paid not less than £4 4s. per week. Where uniforms are required to be worn, they shall be supplied by the employer, or an allowance of six guineas per annum shall be paid in lieu.

Medical Act of Queensland.—Early in the year the President interviewed the Minister for Health and Home Affairs concerning the registration of specialists under the *Medical Act*. The unsatisfactory condition of the register was discussed and suggestions made for its amendment. This matter is still under review.

Medico-Legal: Mileage Fees.—A suggestion was made to the Minister for Justice that the payment for mileage be reviewed, and that remuneration of medical practitioners for medico-legal work performed on behalf of the Crown be arrived at by taking into consideration all the factors of the case, in addition to the mileage, namely, cost of travel, fee for service rendered, compensation for elapsed time, risk of travel, and interference with practice, in accordance with the method adopted by the Queensland Branch for deciding cost of service rendered at a distance.

A reply was received stating that the suggestion made will have careful consideration.

Hospital.

No meetings of the Hospital Subcommittee have been held during the year, but the following matters were dealt with by the Council direct.

Hospital Accommodation.—In view of the difficulty in obtaining accommodation in private hospitals in Brisbane, due to shortage of staff, private hospitals were circularized to ascertain the disabilities under which they were labouring, and the matter was taken up with the authorities in an attempt to have the position remedied.

Metropolitan Infectious Diseases Hospital, "Wattlebrae".—Representatives of the Council interviewed the Lord Mayor of Brisbane, Alderman J. B. Chandler, concerning the control and conditions at Wattlebrae. Owing to the greatly increased population, the incidence of infectious diseases has correspondingly grown, and the facilities available are inadequate for the most efficient treatment of cases. The cost of treatment is borne by the Brisbane City Council, as the local authority, and the administration is under the Brisbane and South Coast Hospitals Board. It is understood that steps are being taken to improve the position.

Salaries of Junior Resident Medical Officers Employed by the Brisbane and South Coast Hospitals Board.—Representation was made to the Board concerning the salaries paid to junior resident medical officers, namely, £165 *per annum*, with board and lodging, which was considered inadequate for the work performed and the hours worked. Subsequently a reply was received to the effect that it has been decided that first year residents should receive £200 and second year residents £300 *per annum* as from July 1, 1943.

Lodge.

Lodge Capitation Fee: Metropolitan Area.—Advice was received from the Government Statistician that the lodge capitation fee for the year commencing July 1, 1943, was 30s. 6d. per adult male member.

Joint Committee.—Several meetings have taken place between representatives of the Branch and the Friendly Societies Medical and Hospital Council. Matters considered included the following.

It was agreed to approach one of the societies to have their rules altered to provide for the acceptance of three monthly certificates in certain circumstances, such as incurable diseases. At present certificates are required every two weeks.

Where a doctor has given up lodge practice, it was agreed that a notice should be put up in his waiting room for three months preceding his retirement, and for some time thereafter, for the information of lodge members.

It was reported that complaints had been received from lodge patients concerning a *locum tenens*, but it was decided that the lodge medical officer could not be held responsible.

It was decided to inform a lodge medical officer that if he is seeing lodge patients only by appointment, it is a breach of the lodge agreement.

Affiliated Local Associations.

Downs and South-Western Medical Association.

Meetings.—During the past year only two meetings were held in September, 1942, and February, 1943. Dr. Alex. Murphy delivered a lecture on "The Sulphonamides" and Dr. F. W. R. Lukin on "Some Urological Problems in Private Practice".

Meetings of the executive were held on two occasions. The annual meeting was held in Dr. T. A. Price's rooms on October 6, 1943.

Membership.—The membership remains much the same. Dr. A. S. Furness, Dr. R. J. Spark, Dr. Graham Wilson, Dr. J. M. Beale, Dr. A. Row and Dr. I. Horn, of Toowoomba, are on full-time military duty. Dr. C. R. Morton has been released from the Australian Imperial Force to resume practice in the absence of Dr. Price, on sick leave.

Election of Officers.—Dr. T. P. Connolly, President; Dr. G. V. Hickey, President-Elect; Dr. C. R. Morton, Honorary Secretary; Dr. V. R. Woodhill, Honorary Treasurer; Dr. Hulme, Dr. Spark, Dr. Beale and Dr. Trenerry, Committee; Dr. Connolly and Dr. Morton, Honorary Auditors.

Acknowledgements.—The Association is greatly indebted to the visiting lecturers and the Queensland Post-Graduate Committee for their services at a period when spare time is at a minimum.

We also thank Dr. T. A. Price and the Toowoomba Hospitals Board for the use of rooms in which meetings were held during the year.

C. R. MORTON,
Honorary Secretary.

Rockhampton Local Medical Association.

The following is the annual report of the local association for the year 1942-1943.

Membership.—Dr. F. C. Wooster, President; Dr. R. Palmerston Rundle, Honorary Secretary; Dr. J. C. Ross, Dr. B. R. V. Forbes, Dr. Doris Skyring, Dr. Paul Voss, Dr. C. N. Matheson, Dr. J. Bruce Gordon, Dr. D. B. Walker, Dr. Adah Stuart, Dr. V. T. J. Lynch, Dr. W. E. Hasker, Dr. N. C. Talbot.

During the year our relations with the friendly societies have been stabilized and the capitation fee now varies with the effective wage index.

With the exception of one practice, evening hours ceased as from August 1. Urgencies and emergencies are, of course, still treated at all times. The new arrangement, which makes a great difference to a doctor's life, works well and we have received no complaints.

R. PALMERSTON RUNDLE,
Honorary Secretary.

The Cairns, Townsville, South Burnett and Charleville local associations report that, owing to the war position, they are unable to hold meetings.

Federal Council.

Two meetings of the Federal Council have been held during the year, one on March 15 and the other on August 23, 1943, and many important matters were considered. Reports of the meetings were published in THE MEDICAL JOURNAL OF AUSTRALIA of April 24 and October 2 last. The Branch was represented by Dr. T. A. Price and Dr. Alan E. Lee.

In view of the necessity for the profession to be adequately organized to meet future events which may arise concerning changes in medical services, several important amendments have been made to the constitution of the Federal Council. The matter was raised by the Queensland Branch Council initiating an inquiry concerning the advisability of increased organization and a full-time secretariat, which it is hoped will result in the appointment of Dr. J. G. Hunter as full-time General Secretary to the Federal Council.

To enable this action to be taken, By-Law 15 (iii) has been amended to make provision for an amount not exceeding 21s. per member of the Branch to be paid to meet the general and other expenses of the Federal Council. The new by-law is to take effect from January 1, 1944.

The question of the relationship of the Branches to the Federal Council has been under review, and the following resolution was passed by the Queensland Branch Council:

> That the Council inform the Federal Council that in matters common to all Branches, the Federal Council is empowered to represent the Council and to express its views.

The Australasian Medical Publishing Company, Limited: "The Medical Journal of Australia".

In April last the Editor of THE MEDICAL JOURNAL OF AUSTRALIA paid an official visit to the Branch, and attended a meeting of the Council.

Dr. Felix Arden has been appointed to represent the Editor in Queensland, in succession to Dr. Joyce Stobo, who has relinquished the position.

The Editor is to be congratulated upon the high standard maintained by the journal in the present difficult times.

It has been decided by the directors to again allow a rebate of 10s. for the ensuing year for each member who has totally relinquished civil practice for full-time service with His Majesty's Forces, as at December, 1943. Subscriptions payable by these members to the Branch have been reduced accordingly.

Post-Graduate Medical Education.

Queensland Post-Graduate Committee.

The status of the Queensland Post-Graduate Committee has been changed during the year and a measure of affiliation with the University of Queensland has been effected.

The composition of the committee is fifteen representatives nominated by various bodies as follows: University Senate, three; British Medical Association, three; Brisbane Hospital Group nominated by the Part-Time Medical Officers' Association of the Brisbane Hospital, three; Brisbane and South Coast Hospitals Board, one; Mater Hospital Group, nominated by the honorary staffs of the Mater Misericordiæ Public and Children's Hospitals, two; Medical Board of Queensland, two; Royal Australasian College of Physicians, one; Royal Australasian College of Surgeons, one. The representatives of the Branch are: Dr. S. F. McDonald, Dr. Alan E. Lee and Dr. A. E. Paterson.

The first week-end course under the new *régime* is to be held from November 19 to 21, 1943.

Post-graduate work has continued actively during the year, four week-end courses having been arranged, all of which were very well attended.

At all scientific meetings conducted by the Branch or by the Post-Graduate Committee, an attendance book has been provided in order to give members an opportunity of recording their post-graduate activities.

Members of the Australian Army Medical Corps and also of the United States Army Medical Corps have cooperated in the post-graduate courses.

The University of Queensland Medical School.

Post-Graduate Medical Education.—Reference is made to this matter in another part of this report.

The President has attended meetings of the Faculty of Medicine during the year as an *ex officio* member.

Harold Plant Memorial Prize.—The winner of the 1943 prize was David Arthur Henderson, M.B., B.S., to whom a cheque was presented by the Branch President in accordance with the conditions of the awarding of the prize.

Eustace Russell Memorial Prize, 1943.—The prize was presented to James Griffiths Oxley, M.B., B.S.

William Nathaniel Robertson Medal.—Brian H. Courtice, M.B., B.S., was the winner of this medal for 1943.

The Joseph Bancroft Memorial Lecture.

The 1943 lecture was delivered by Dr. F. B. Byrom, of Sydney, on June 4, 1943, his subject being "Recent Work in Hypertension".

A vote of thanks to the lecturer was moved by Professor J. V. Duhig, seconded by Dr. S. F. McDonald and carried by acclamation.

There was a good attendance of members and visitors, and at the conclusion of the lecture the Joseph Bancroft Memorial Medal was presented to Dr. Byrom by the President.

Jackson Lecture.

This lecture is delivered annually in honour of the late Dr. Ernest Sandford Jackson.

Professor J. V. Duhig delivered the lecture this year on September 3. The subject was "Old Bills of Mortality".

British Medical Agency of Queensland Proprietary Limited and Queensland Medical Finance Proprietary Limited.

In spite of wartime conditions and restrictions the British Medical Agency has had a successful year following an expansion of its activities.

During the year the acting manager, Mr. F. K. Davis, has been appointed Secretary to the subcommittee dealing with the rationing of linen for doctors, in addition to that of Secretary of the Liquid Fuel Subcommittee. These facilities have been of great assistance to members.

Active functioning of the finance company is still in suspension owing to war conditions, but it is ready to resume operations as soon as circumstances warrant it.

Award of Gold Medal to Dr. A. Graham Butler.

At the meeting of the Federal Council held in August last, it was resolved that the gold medal of the British Medical Association in Australia be conferred on Colonel A. Graham Butler in recognition of his valuable work for the profession in compiling the "Official History of the Australian Army Medical Services in the War of 1914-1918", the third volume of which has recently been completed.

Colonel Butler was a past president and honorary secretary of the Queensland Branch many years ago, and a letter of congratulation was sent to him by the Council.

Red Cross Society Christmas Appeal.

As a result of a special appeal made to members of the Branch, the sum of £245 was donated to the Australian Red Cross Society.

Social.

Prior to the Bancroft Memorial Lecture on June 4, the President and members of the Council entertained the lecturer, Dr. F. B. Byrom, at dinner at the National Hotel. Other guests were Professor J. V. Duhig and the chief medical officers of the services, Surgeon Commander Gavin H. Cameron, Colonel K. B. Fraser and Wing Commander G. M. Oxer.

Conclusion.

This year has been one of constant activity on the part of both State and Federal Councils. The favourable progress of the war has emphasized the necessity of preparation for the post-war phase, with its difficult problems of rehabilitation and the alignment of the profession in relation to possible changes in the structure of society. Success in these measures can be secured only by a general sharpening of all aspects of medical organization, and the resuscitation of local medical associations, and of special sections within the Branch, are designed towards this end.

The worth of the policy of the Federal Council and of the Branch that an evolutionary development of all the existing health agencies should occur, is such that no effort towards its success should be spared.

The Branch has been fortunate in that its office staff has remained intact during the year, and much of the success of Council activities is due to the efficient and unsparing work of Mrs. Spooner and her assistants.

To all members of the Council I would offer my thanks for their excellent attendance at meetings and constant cooperation.

(Sgd.) ALAN E. LEE,
President.

FINANCIAL STATEMENTS.

On the motion of Dr. John Bostock, seconded by Dr. F. W. R. Lukin, the financial statement and balance sheet were taken as read; they were adopted on the motion of Dr. Felix Arden, seconded by Dr. J. L. Simmonds.

QUEENSLAND BRANCH OF THE BRITISH MEDICAL ASSOCIATION.
(INCORPORATED.)

Balance Sheet as at November 15, 1943.

LIABILITIES.	£ s. d.	£ s. d.
Fixed Liabilities—		
Loan from Queensland Medical Land Investment Co. Limited		4,650 0 0
Current Liabilities—		
Subscriptions for Remittance to—		
British Medical Association, London	41 9 2	
Australasian Medical Publishing Company Limited, Sydney	35 4 0	
		76 13 2
Association Funds—		
Accumulation Account	4,113 8 10	
Sinking Fund	361 17 1	
Reserve for Dinners, Entertainments, etc.	31 17 2	
		4,507 3 1
		£9,233 16 3

ASSETS.	£ s. d.	£ s. d.
Fixed Assets, at cost, less depreciation—		
Land and Buildings—"B.M.A. House"	2,528 17 0	
Library	150 0 0	
Typewriters, Book-cases, Balopticon and Furniture	103 4 6	
Queensland Medical Land Investment Co. Ltd.—5,950 shares of £1 each paid to 10s. each—at cost	2,975 0 0	
Australian Consolidated Inscribed Stock—3½% maturing 1959	1,500 0 0	
British Medical Agency of Queensland Proprietary Limited—257 shares of £1 each, fully paid—at cost	257 0 0	
Australasian Medical Publishing Company Limited—5% Debentures—at cost	55 0 0	
Bancroft Medals and Collar	4 10 0	
		7,573 11 6
Current Assets—		
Sundry Debtors	442 0 0	
Electric Light Deposit	6 0 0	
English, Scottish and Australian Bank Ltd.: Credit Balance—Current Account	837 10 9	
Cash in hand	12 16 11	
		1,298 7 8
Sinking Fund Investments—		
Australian Consolidated Inscribed Stock: £280, 3½%, maturing 1951—at cost	278 3 3	
Commonwealth Savings Bank, Brisbane, Credit Balance	83 13 10	
		361 17 1
		£9,233 16 3

We have compared the above Balance Sheet with the Books, Accounts and Vouchers of the Queensland Branch of the British Medical Association (Incorporated), and have obtained all the information and explanations we have required. The Register of Members and other records which the Association is required to keep by the Companies Acts of 1941-42, or by its Articles, have, in our opinion, been properly kept.

In our opinion, the Balance Sheet is properly drawn up to exhibit a true and correct view of the state of the Association's affairs as at 15th November, 1943, according to the best of our information and the explanations given us, and as shown by the books of the Association.

R. G. GROOM & COMPANY,
Chartered Accountants (Aust.),
Auditors.

(Sgd.) ALEC E. PATERSON,
Acting Hon. Treasurer.

Brisbane, 18th November, 1943.

QUEENSLAND BRANCH OF THE BRITISH MEDICAL ASSOCIATION.

(INCORPORATED.)

Revenue Account for Twelve Months ended November 15, 1943.

EXPENDITURE.	£ s. d.	£ s. d.
Nov. 15, 1943.		
To Branch Expenses	645 13 1	
„ Contribution to Federal Council, 1942 Expenses	169 13 0	
„ Library Expenditure	74 16 11	
„ Allowance to Delegates attending Federal Council Meetings	77 14 6	
„ Depreciation of Office Equipment	10 15 0	
		978 12 6
„ Expenses B.M.A. House—		
Rates, Land Tax, Insurance, Repairs and Sundries	169 1 2	
Cleaning	75 0 0	
Depreciation, Building	54 3 0	
	298 4 2	
Less Rents received	39 10 0	
		258 14 2
„ Accumulation Account—		
Profit for year transferred		650 19 3
		£1,888 5 11

INCOME.	£ s. d.	£ s. d.
Nov. 15, 1943.		
By Branch and Organization Fund Subscriptions		1,882 15 0
„ Australasian Medical Publishing Company Limited—		
Interest on Debentures	2 15 0	
„ Sale of Nutrition Pamphlets	2 15 11	
		5 10 11
		£1,888 5 11

QUEENSLAND BRANCH OF THE BRITISH MEDICAL ASSOCIATION.

(INCORPORATED.)

GENERAL FUND.

Statement of Receipts and Payments for Twelve Months ended November 15, 1943.

RECEIPTS.	£ s. d.	£ s. d.
To Funds at November 16, 1942—		
English, Scottish and Australian Bank Ltd.—Current Account	1,639 10 6	
Cash in Hand	11 4 2	
		1,650 14 8
„ Subscriptions—		
For remittance to British Medical Association, London	751 10 6	
For remittance to THE MEDICAL JOURNAL OF AUSTRALIA, Sydney	509 10 0	
Queensland Branch Subscriptions	864 8 3	
Organization Fund, Queensland Branch	1,018 6 9	
		3,143 15 6
„ General—		
Rent:		
Basement and Garage £27 10 0		
Australasian Trained Nurses' Association 6 0 0		
Australasian Physiotherapy Association 1 0 0		
Medical Defence Society 5 0 0		
	39 10 0	
Sale of Nutrition Pamphlets	2 15 11	
Australasian Medical Publishing Company Limited—		
Interest on Debenture	2 15 0	
		45 0 11
		£4,839 11 1

PAYMENTS.	£ s. d.	£ s. d.
By Amounts remitted on account of Subscriptions Collected, to—		
British Medical Association, London	750 6 9	
Australasian Medical Publishing Company Limited, Sydney	512 3 6	
		1,262 10 3
„ Amount Invested in War Loan— 3½% Inscribed Stock maturing 1959		1,500 0 0
„ General—		
Rates to December 31, 1943	128 16 8	
Contributions to Federal Council, 1943 Expenses	169 13 0	
Allowance to delegates attending Federal Council Meetings	77 14 6	
Library Expenditure	74 16 11	
Land Tax	10 18 9	
Expenses in connexion with Bancroft Medal—1 Collar and 6 Medals	4 10 0	
		466 9 10
„ Branch Expenses—		
Salaries, Audit and Honoraria	484 5 5	
Printing and Stationery	49 5 6	
Postages and Duty Stamps	54 3 10	
Telephone Rental and Calls	27 11 11	
Electric Light	9 1 3	
Bank Charges, Meeting Expenses and Sundries	21 5 2	
	645 13 1	
Fittings for Basement	10 4 6	
Building Repairs and Maintenance	23 12 11	
Cleaning	75 0 0	
Insurance	5 12 10	
		760 3 4
„ Funds at November 15, 1943—		
English, Scottish and Australian Bank Ltd., Brisbane	837 10 9	
Cash in Hand	12 16 11	
		850 7 8
		£4,839 11 1

ELECTION OF OFFICE-BEARERS.

The President announced the results of the election of office-bearers and members of the Council.

President: Dr. L. P. Winterbotham.

President-Elect: Dr. H. W. Horn.

Past President: Dr. A. E. Lee.

Honorary Secretary: Dr. W. H. Steel.

Councillors: Dr. Felix Arden, Dr. J. G. Avery, Dr. R. B. Charlton, Dr. D. Gifford Croll, Dr. Milton Geaney, Dr. P. J. Kelly, Dr. F. W. R. Lukin, Dr. S. F. McDonald, Dr. C. C. Minty, Dr. Mervyn Patterson, Dr. T. A. Price, Dr. J. Lloyd Simmonds, Dr. J. G. Wagner, Dr. C. E. Wassell.

ELECTION OF AUDITORS.

On the motion of Dr. A. E. Paterson, seconded by Dr. J. Bostock, Messrs. R. G. Groom and Company were appointed auditors.

ETHICS COMMITTEE.

On the motion of Dr. F. W. R. Lukin, seconded by Dr. A. E. Paterson, the following were appointed members of the ethics committee: Dr. A. H. Marks, Dr. G. P. Dixon, Dr. Gavin H. Cameron, Dr. M. Graham Sutton, Dr. L. J. Jarvis Nye.

OFFICE STAFF.

Dr. J. Lloyd Simmonds proposed a vote of thanks to the office staff for their activities during the year. The vote was carried by acclamation.

THE HONORARY SECRETARY.

On behalf of the Council, Dr. A. E. Lee moved a vote of thanks to the Honorary Secretary, Dr. W. H. Steel, for his work during the year; it was carried by acclamation.

INDUCTION OF PRESIDENT.

Dr. A. E. Lee then inducted Dr. L. P. Winterbotham to the chair.

PRESIDENT'S ADDRESS.

Dr. L. P. Winterbotham read his address (see page 61).

VOTE OF THANKS.

A vote of thanks to the retiring president and the Council was carried by acclamation.

NOTICE.

THE inaugural meeting of the Section of Sociological Medicine of the New South Wales Branch of the British Medical Association will be held in the Robert H. Todd Assembly Hall, British Medical Association House, 135, Macquarie Street, Sydney, on January 26, 1944, at 8 o'clock p.m. All members of the Branch are invited to be present.

Notice.

A CARDIOLOGICAL DEMONSTRATION is on view in the demonstration hall of the Department of Medicine, at the New Medical School of the University of Sydney, on Monday to Friday between the hours of nine o'clock a.m. and five p.m. Members of the medical profession are invited to inspect it.

Nominations and Elections.

THE undermentioned have applied for election as members of the New South Wales Branch of the British Medical Association:

Ross, Edgar Hugan, M.B., B.S., 1940 (Univ. of Sydney), NX116468, Captain E. H. Ross, R.M.O., H.A., R.A.E., 12th Australian Division, Australia.

Carroll, John Edward, M.B., B.S., 1943 (Univ. Sydney), "Bryn-Mawr", Bangalla Street, Warrawee.

Shirley, Anthony David, M.B., B.S., 1941 (Univ. Sydney), 11th Australian Field Ambulance, Australia.

The undermentioned have been elected as members of the New South Wales Branch of the British Medical Association:

Barnes, Muriel Agnes, M.B., Ch.M., 1925 (Univ. Sydney), 308, Miller Street, North Sydney.

Barr, Stephen Grimwood, M.B., B.S., 1943 (Univ. Sydney), Royal North Shore Hospital, St. Leonards.

Becke, Rex Frederick Allingham, M.B., B.S., 1938 (Univ. Sydney), 158, Faulkner Street, Armidale.

Franklin, Norman Norbert, registered in accordance with the provisions of section 17A of the *Medical Practitioners Act*, 1938-39, 653, Old South Head Road, Rose Bay North.

Frost, Walter Rex, M.B., B.S., 1939 (Univ. Sydney), 16, Birriga Road, Bellevue Hill.

Higham, Noel Ronald Douglas, M.B., B.S., 1942 (Univ. Sydney), Maitland Hospital, West Maitland.

Smith, Arthur Kitchener, M.B., B.S., 1941 (Univ. Sydney), 29, Park Road, Marrickville.

Williams, Joan Keatley, M.B., B.S., 1943 (Univ. Sydney), Royal North Shore Hospital, St. Leonards.

Obituary.

KEITH ALLENDER PIPER.

WE regret to announce the death of Dr. Keith Allender Piper, which occurred on January 11, 1944, at Melbourne.

GEORGE JAMES DEVONSHER DAVIES.

WE regret to announce the death of Dr. George James Devonsher Davies, which occurred on January 17, 1944, at Scottsdale, Tasmania.

Books Received.

"Essays and Literary Sketches", by W. A. Osborne; 1943. Melbourne: The Lothian Publishing Company, Proprietary, Limited. 7¼" × 5", pp. 145, with one illustration. Price: 7s. 6d.

Diary for the Month.

JAN. 26.—Victorian Branch, B.M.A.: Council Meeting.
JAN. 28.—Queensland Branch, B.M.A.: Council Meeting.
JAN. 28.—Victorian Branch, B.M.A.: Convocation.
JAN. 31.—Federal Council: Meeting at Melbourne.
FEB. 1.—New South Wales Branch, B.M.A.: Organization and Science Committee Special Groups Committee.
FEB. 2.—Western Australian Branch, B.M.A.: Council Meeting.
FEB. 2.—Victorian Branch, B.M.A.: Branch Meeting.
FEB. 4.—Queensland Branch, B.M.A.: Branch Meeting.
FEB. 4.—Victorian Branch, B.M.A.: Legislative Subcommittee.
FEB. 8.—New South Wales, B.M.A.: Executive and Finance Committee.
FEB. 11.—Queensland Branch, B.M.A.: Council Meeting.
FEB. 11.—Victorian Branch, B.M.A.: Ethics Subcommittee.
FEB. 14.—Victorian Branch, B.M.A.: Hospital Subcommittee.
FEB. 14.—Victorian Branch, B.M.A.: Finance Subcommittee.
FEB. 15.—New South Wales Branch, B.M.A.: Medical Politics Committee.
FEB. 15.—Victorian Branch, B.M.A.: Organization Committee.
FEB. 17.—Victorian Branch, B.M.A.: Executive Meeting.
FEB. 22.—New South Wales Branch, B.M.A.: Ethics Committee.
FEB. 23.—Victorian Branch, B.M.A.: Council Meeting.
FEB. 25.—Queensland Branch, B.M.A.: Council Meeting.

Medical Appointments: Important Notice.

MEDICAL PRACTITIONERS are requested not to apply for any appointment mentioned below without having first communicated with the Honorary Secretary of the Branch concerned, or with the Medical Secretary of the British Medical Association, Tavistock Square, London, W.C.1.

New South Wales Branch (Honorary Secretary, 135, Macquarie Street, Sydney): Australian Natives' Association; Ashfield and District United Friendly Societies' Dispensary; Balmain United Friendly Societies' Dispensary; Leichhardt and Petersham United Friendly Societies' Dispensary; Manchester Unity Medical and Dispensing Institute, Oxford Street, Sydney; North Sydney Friendly Societies' Dispensary Limited; People's Prudential Assurance Company Limited; Phœnix Mutual Provident Society.

Victorian Branch (Honorary Secretary, Medical Society Hall, East Melbourne): Associated Medical Services Limited; all Institutes or Medical Dispensaries; Australian Prudential Association, Proprietary, Limited; Federated Mutual Medical Benefit Society; Mutual National Provident Club; National Provident Association; Hospital or other appointments outside Victoria.

Queensland Branch (Honorary Secretary, B.M.A. House, 225, Wickham Terrace, Brisbane, B.17): Brisbane Associated Friendly Societies' Medical Institute; Bundaberg Medical Institute. Members accepting LODGE appointments and those desiring to accept appointments to any COUNTRY HOSPITAL or position outside Australia are advised, in their own interests, to submit a copy of their Agreement to the Council before signing.

South Australian Branch (Honorary Secretary, 178, North Terrace, Adelaide): All Lodge appointments in South Australia; all Contract Practice appointments in South Australia.

Western Australian Branch (Honorary Secretary, 205, Saint George's Terrace, Perth): Wiluna Hospital; all Contract Practice appointments in Western Australia.

Editorial Notices.

MANUSCRIPTS forwarded to the office of this journal cannot under any circumstances be returned. Original articles forwarded for publication are understood to be offered to THE MEDICAL JOURNAL OF AUSTRALIA alone, unless the contrary be Stated.

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